



**ARIZONA MEDICAID
ELECTRONIC HEALTH RECORD
INCENTIVE PROGRAM**

**ELIGIBLE PROFESSIONAL
MEANINGFUL USE ATTESTATION USER GUIDE**



UPDATED NOVEMBER 2012



CONTENTS

INTRODUCTION	7
BACKGROUND	8
ELIGIBILITY	9
ADDITIONAL REQUIREMENTS FOR ELIGIBLE PROVIDERS (EPS)	10
PATIENT VOLUME CRITERIA	10
NON-HOSPITAL BASED CRITERIA (APPLY TO EP SELECTING MEDICAID PATIENT VOLUME TYPE ONLY)	12
PRACTICE PREDOMINANTLY CRITERIA (APPLY TO EP SELECTING NEEDY INDIVIDUAL PATIENT VOLUME TYPE ONLY)	12
NO-SANCTION CRITERIA	12
MEANINGFUL USE REQUIREMENTS	13
MEANINGFUL USE GENERAL REQUIREMENTS	13
MEANINGFUL USE MEASURES REQUIREMENTS	13
INCENTIVE PAYMENT	13
GETTING STARTED - WELCOME PAGE	15
LOG ON SCREEN	15
WELCOME TO YOUR EPIP ACCOUNT	16
FIRST YEAR EPS- ATTEST	17
FIRST YEAR EP - ATTESTATION SELECTION	18
FIRST YEAR EP- AIU SELECTED 1	19
FIRST YEAR EP- MU SELECTED 1	20
FIRST YEAR EP- MU SELECTED 2 (MU ATTESTATION PROGRESS)	20
SECOND YEAR EP - ATTEST	21
ATTESTATION PROGRESS	21
PATIENT VOLUME SELECTION SCREENS	22
PATIENT VOLUME INFORMATION - SCENARIO 1	22
PATIENT VOLUME INFORMATION - SCENARIO 2	22
PATIENT VOLUME INFORMATION - SCENARIO 3	23
PATIENT VOLUME INFORMATION - SCENARIO 4	23
PATIENT VOLUME REPORT SCREENS	25
MEDICAID PATIENT VOLUME	25
NEEDY PATIENT VOLUME	26



HOSPITAL-BASED PATIENT ENCOUNTERS REPORT SCREEN.....	27
(MEDICAID)	27
PRACTICE PREDOMINANTLY PATIENT ENCOUNTERS REPORT SCREEN	28
(NEEDY PATIENT).....	28
PROVIDER ELIGIBILITY RESULTS.....	29
MEDICAID PROVIDER ELIGIBILITY RESULTS.....	29
ATTESTATION INFORMATION SCREEN.....	30
MEANINGFUL USE ATTESTATION INFORMATION CONFIRMATION	31
MEANINGFUL USE CORE MEASURES	32
GENERAL INFORMATION RELATED TO CORE MEASURES.....	32
CORE MEASURE 1 OF 15: CPOE FOR MEDICATION ORDERS.....	32
CORE MEASURE 2 OF 15: DRUG INTERACTION CHECKS.....	33
CORE MEASURE 3 OF 15: MAINTAIN PROBLEM LIST	33
CORE MEASURE 4 OF 15: E-PRESCRIBING (ERX)	34
CORE MEASURE 5 OF 15: ACTIVE MEDICATION LIST	34
CORE MEASURE 6 OF 15: MEDICATION ALLERGY LIST	35
CORE MEASURE 7 OF 15: RECORD DEMOGRAPHICS.....	35
CORE MEASURE 8 OF 15: RECORD VITAL SIGNS	36
CORE MEASURE 9 OF 15: RECORD SMOKING STATUS.....	37
CORE MEASURE 10 OF 15: CLINICAL QUALITY MEASURES (CQMS)	37
CORE MEASURE 11 OF 15: CLINICAL DECISION SUPPORT RULE.....	38
CORE MEASURE 12 OF 15: ELECTRONIC COPY OF HEALTH INFORMATION	38
CORE MEASURE 13 OF 15: CLINICAL SUMMARIES	39
CORE MEASURE 14 OF 15: ELECTRONIC EXCHANGE OF CLINICAL INFORMATION	39
CORE MEASURE 15 OF 15: PROTECT ELECTRONIC HEALTH INFORMATION.....	40
MU CORE MEASURE SUMMARY	41
MEANINGFUL USE MENU MEASURES.....	43
MENU MEASURE 1 OF 10: IMMUNIZATION REGISTRY	44
MEANINGFUL USE MENU MEASURE 2 OF 10: SYNDROMIC SURVEILLANCE	45
MENU MEASURE 3 OF 10: DRUG FORMULARY CHECKS.....	45



MENU MEASURE 4 OF 10: CLINICAL LAB TEST RESULTS.....	46
MENU MEASURE 5 OF 10: PATIENT LISTS.....	46
MENU MEASURE 6 OF 10: PATIENT REMINDERS	47
MENU MEASURE 7 OF 10: PATIENT ELECTRONIC ACCESS.....	48
MENU MEASURE 8 OF 10: PATIENT-SPECIFIC EDUCATION RESOURCES	49
MENU MEASURE 9 OF 10: MEDICATION RECONCILIATION.....	49
MENU MEASURE 10 OF 10: TRANSITION OF CARE SUMMARY	50
MENU MEASURE SUMMARY PAGE.....	51
MEANINGFUL USE CLINICAL QUALITY MEASURES.....	52
MEANINGFUL USE CORE CLINICAL QUALITY MEASURE 1.....	53
MEANINGFUL USE CORE CLINICAL QUALITY MEASURE 2.....	53
MEANINGFUL USE CORE CLINICAL QUALITY MEASURE 3.....	54
ALTERNATIVE CLINICAL QUALITY MEASURE INSTRUCTION AND SELECTION PAGE	55
ALTERNATIVE CLINICAL QUALITY MEASURE 1	56
ALTERNATIVE CLINICAL QUALITY MEASURE 2	57
ALTERNATIVE CLINICAL QUALITY MEASURE 3	57
ALTERNATIVE CLINICAL QUALITY MEASURE 3, CON'T... ..	58
ADDITIONAL CLINICAL QUALITY MEASURES INSTRUCTION AND SELECTION PAGE	59
ADDITIONAL CLINICAL QUALITY MEASURE 1.....	60
ADDITIONAL CLINICAL QUALITY MEASURE 2.....	60
ADDITIONAL CLINICAL QUALITY MEASURE 3.....	61
ADDITIONAL CLINICAL QUALITY MEASURE 4.....	61
ADDITIONAL CLINICAL QUALITY MEASURE 5.....	62
ADDITIONAL CLINICAL QUALITY MEASURE 6.....	62
ADDITIONAL CLINICAL QUALITY MEASURE 7	63
ADDITIONAL CLINICAL QUALITY MEASURE 8.....	63
ADDITIONAL CLINICAL QUALITY MEASURE 9.....	64



ADDITIONAL CLINICAL QUALITY MEASURE 10.....	64
ADDITIONAL CLINICAL QUALITY MEASURE 11.....	65
ADDITIONAL CLINICAL QUALITY MEASURE 12.....	65
ADDITIONAL CLINICAL QUALITY MEASURE 13.....	66
ADDITIONAL CLINICAL QUALITY MEASURE 14.....	66
ADDITIONAL CLINICAL QUALITY MEASURE 15.....	67
ADDITIONAL CLINICAL QUALITY MEASURE 16.....	67
ADDITIONAL CLINICAL QUALITY MEASURE 17.....	68
ADDITIONAL CLINICAL QUALITY MEASURE 18.....	68
ADDITIONAL CLINICAL QUALITY MEASURE 19.....	69
ADDITIONAL CLINICAL QUALITY MEASURE 20.....	69
ADDITIONAL CLINICAL QUALITY MEASURE 21.....	70
ADDITIONAL CLINICAL QUALITY MEASURE 22.....	70
ADDITIONAL CLINICAL QUALITY MEASURE 23.....	71
ADDITIONAL CLINICAL QUALITY MEASURE 24.....	71
ADDITIONAL CLINICAL QUALITY MEASURE 25.....	72
ADDITIONAL CLINICAL QUALITY MEASURE 26.....	72
ADDITIONAL CLINICAL QUALITY MEASURE 27:.....	73
ADDITIONAL CLINICAL QUALITY MEASURE 28:.....	73
ADDITIONAL CLINICAL QUALITY MEASURE 29:.....	74
ADDITIONAL CLINICAL QUALITY MEASURE 30:.....	75
ADDITIONAL CLINICAL QUALITY MEASURE 31:.....	75
ADDITIONAL CLINICAL QUALITY MEASURE 32:.....	76
ADDITIONAL CLINICAL QUALITY MEASURE 33:.....	76
ADDITIONAL CLINICAL QUALITY MEASURE 34:.....	77
ADDITIONAL CLINICAL QUALITY MEASURE 35:.....	78
ADDITIONAL CLINICAL QUALITY MEASURE 36:.....	79



ADDITIONAL CLINICAL QUALITY MEASURE 37:.....	79
ADDITIONAL CLINICAL QUALITY MEASURE 38:.....	80
MEANINGFUL USE SUMMARY OF CLINICAL QUALITY MEASURES.....	81
ATTESTATION STATEMENTS.....	82
ATTESTATION DISCLAIMER	82
SUBMISSION RECEIPTS AND SUMMARY SCREENS.....	83
SUBMISSION RECEIPT (ACCEPTED ATTESTATION)	83
VIEW SUMMARY (ACCEPTED ATTESTATION).....	84
SUBMISSION RECEIPT (REJECTED ATTESTATION)	85
VIEW SUMMARY (REJECTED ATTESTATION).....	85
APPENDIX A.....	86



Introduction

The Arizona Medicaid Electronic Health Record (EHR) Incentive Program will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. This incentive program is designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

The Arizona Health Care Cost Containment System Administration (AHCCCS) is responsible for the implementation of Arizona's Medicaid EHR Incentive Program.

Regional Extension Center (REC) is dedicated to providing assistance to Eligible Professionals (EPs) regarding EHR Incentive Program. To learn more about how the Regional Extension Center can help you, please contact them at:

- Arizona REC: Call 602-688-7200 or Email ehr@azhec.org or Visit www.arizonarec.org.
- National Indian Health Board AI/AN National REC: Visit www.nihb.org/rec/rec.php.

If you have any questions regarding EHR Incentive Program, please contact AHCCCS EHR Incentive Program at:

Help Desk: 602-417-4333

Email: EHRIncentivePayments@azahcccs.gov



Background

The Center for Medicare & Medicaid Services (CMS) has implemented provisions of the American Recovery and Reinvestment Act of 2009 (ARRA) (Pub. L. 111–5) that provide incentive payments to eligible professionals (EPs), eligible hospitals and critical access hospitals (CAHs) participating in Medicare and Medicaid programs that adopt and successfully demonstrate meaningful use of certified electronic health record (EHR) technology.

It's important to know that the EHR Incentive Program is NOT a reimbursement program for purchasing or replacing an EHR. Providers must meet specific requirements in order to receive incentive payments.

The Medicare and Medicaid EHR Incentive Program requires the use of certified EHR technology. Standards, implementation specifications, and certification criteria for EHR technology have been adopted by the Secretary of the Department of Health and Human Services. EHR technology must be tested and certified by an Office of the National Coordinator (ONC) Authorized Testing and Certification Body (ATCB) in order for a provider to qualify for EHR incentive payments. Click here for a [List of Certified EHR Technology \(CHPL\) - Opens in a new window](#) and here [HHS Office of National Coordinator Health IT Web Site - Opens in a new window](#)

Note: Even if you are already using EHR technology, it must be tested and certified by an ONC-ATCB specifically for the Medicare and Medicaid EHR Incentive Programs.

EPs are encouraged to check CMS official website for the Medicare and Medicaid EHR Incentive Program regarding path to payment, eligibility, certified EHR technology, meaningful use, clinical quality measures, etc.

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

This User Guide aims to help EPs with Meaningful Use attestation. The step by step guide will help EPs navigate the Attestation module. The user guide page layout consists of the attestation screen and corresponding instructions. Please note, the actual attestation screens may not be exactly the same as those in the User Guide.



Eligibility

Eligible professionals under the Arizona Medicaid EHR Incentive Program include:

- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Nurse practitioners
- Certified nurse-midwives
- Dentists
- Physician assistants (PA) who furnish services in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is led by a physician assistant.

In addition to the above provider eligibility requirement, Physician Assistants (PA) in FQHC/RHC must meet one of the following requirements to qualify to participate in the EHR Incentive Program.

- PA is the primary provider in a clinic (Example: part-time physician and full-time PA)
- PA is a clinical or medical director at a clinical site of practice
- PA is an owner of an RHC



Additional Requirements for Eligible Providers (EPs)

To qualify for an EHR incentive payment each year, the EP must meet the Patient Volume criteria, Non-Hospital Based criteria/Practice Predominantly criteria and No Sanction criteria.

Patient Volume Criteria

Arizona Medicaid EPs are required to meet a specific patient volume threshold each payment year to be eligible for the EHR Incentive Program. Patient volume reporting methods include Medicaid Patient Volume Type or Needy Individual Patient Volume Type. EPs in FQHCs/RHCs have a special option of qualifying using either the Medicaid Patient Volume Type or Needy Individual Patient Volume Type. All other EPs must use Medicaid Patient Volume Type. Pediatricians have a special exception in meeting the patient volume.

Medicaid Patient Volume Criteria

For purposes of calculating the Medicaid Patient Volume, Medicaid Patient Encounters are services rendered to an individual on any one day where Medicaid paid for part or all of the service, individual's premiums, copayments and/or cost-sharing.

The Medicaid Patient Volume Threshold percentage is defined as the total Medicaid Patient Encounters in any representative continuous 90-day period in the preceding year, divided by the total of all patient encounters in the same 90-day period multiplied by 100%.

To qualify for an incentive payment under the Medicaid EHR Incentive Program, an EP selecting Medicaid Patient Volume type must meet **one** of the following criteria:

- Have a minimum 30% Medicaid patient volume*
- Have a minimum 20% Medicaid patient volume, and is a pediatrician**

* Children's Health Insurance Program (CHIP – Title XXI) patients do not count toward the Medicaid patient volume criteria.

** Pediatricians have a special exception to satisfy either:

- a minimum 20% patient volume but receives for 2/3 of the EHR Incentive Program payment or
- a minimum 30% patient volume for the full EHR Incentive Program payment

Needy Individual Patient Volume Criteria

For purposes of calculating the Needy Individual Patient Volume, Needy Individual Patient Encounters are services rendered to an individual on any one day to where Medicaid or Children's Health Insurance Program (CHIP) paid for part or all of the service, individual's premiums, co-payments, and/or cost sharing; or Services rendered to an individual on any one day on a sliding scale or that were uncompensated.

The Needy Individual Patient Volume Threshold percentage is defined as the total Needy Individual Patient Encounters in any representative continuous 90-day period in the preceding year, divided by the total of all patient encounters in the same 90-day period multiplied by 100.

To qualify for an incentive payment under the Medicaid EHR Incentive Program, an EP selecting Needy Individual Patient Volume type must meet **one** of the following criteria:

- Have a minimum 30% Needy Individual patient volume*
- Have a minimum 20% Needy Individual patient volume, and is a pediatrician.

* Needy Individual Patient Volume is the percentage of Medicaid Title XIX, CHIP Title XXI and 'Patients Paying Below Cost' Patient Encounters. Only EPs in a FQHC/RHC can select this option. Providers selecting this option must satisfy the requirement in the **Eligibility** section.



Qualifying Providers by Type and Patient Volume

Entity	Minimum 90-day Medicaid Patient Volume Threshold	Minimum 90-day Needy Individual Patient Volume Threshold
Physicians	30%	30%
Pediatricians	30% or optional 20%	30% or optional 20%
Dentists	30%	30%
Certified Nurse Midwives	30%	30%
Physician Assistants when practicing at an FQRC/RHC led by a Physician Assistant	30%	30%
Nurse Practitioner	30%	30%

Group Practices or Clinics

EPs in a Group Practice or Clinic, referred to below as 'Practice', who uses the Practice's data, must decide if each provider will use the EP's Individual Patient Volume or the Practice's Aggregate Patient Volume Methodology.

If using the Individual Patient Volume Methodology, data is based on the sum of patient encounters for a single EP.

If using the Aggregate Patient Volume Methodology, data is based on the sum of patient encounters for the entire Practice (includes multiple providers) but can only be used as a proxy for all EPs in the Practice if all of the below Federal and State Specific Rules are met:

Aggregate Patient Volume Methodology Conditions

Aggregate Patient Volume Methodology Conditions	
Federal Specific Rules	State Specific Rules
<ol style="list-style-type: none"> 1. Practice's patient volume is appropriate as a patient volume methodology calculation for the EP (i.e. if an EP only sees Medicare, commercial or self-pay patients, this is not an appropriate calculation) 2. There is an auditable data source to support the Practice's patient volume determination 3. All of the EPs in the Practice must use the same methodology for the payment year 4. The Practice uses the entire Practice's patient volume and does not limit patient volume in any way 5. If EP works both inside & outside of the Practice, then the patient volume calculation includes only those encounters associated with the Practice and not the EP's outside encounters 	<ol style="list-style-type: none"> 1. All EPs in the practice must use the same aggregate patient volume data for the payment year 2. EPs employed during the payment year are permitted to use the Practice's aggregate patient volume data if meeting the Federal Specific Rules. In the event of an audit, the Practice and the EP must successfully demonstrate these EPs have satisfied these requirements during the payment year



On behalf of the Practice, the Office Manager/Administrator must contact AHCCCS to establish the Practice in the ePIP System and provide the following information before an EP can begin attestation in ePIP:

- Letterhead with Practice's AHCCCS Provider Number, EHR Certification Number, Patient Volume Methodology, if applicable, Aggregate Medicaid Patient Encounters, Aggregate Total Patient Encounters
- List of each provider within the Practice showing name, AHCCCS provider number, Provider Type, Physician Type & PA Led Type (Excel)

Note: EP can only use Practice data to report Medicaid Patient Volume or Needy Individual Patient Volume.

Out of state encounters

Eligible Providers have the option to include out-of-state patient encounters in their eligible patient volume threshold. If electing to do so, they must report each state's Medicaid encounters separately. This will trigger an eligibility verification audit and require AHCCCS to contact the other state(s) to confirm patient encounter data. This will delay payment until the data is properly validated.

Non-Hospital Based Criteria (apply to EP selecting Medicaid Patient Volume Type only)

EPs selecting the Medicaid Patient Volume Type cannot be hospital-based. EP's patient encounters will be evaluated to determine if rendered services in a hospital-based place of service exceeds the 90% threshold.

Hospital-Based Patient Encounters are encounters received at an inpatient hospital place of service and/or at an emergency department place of service.

This criterion is Not applicable to FQHC/RHC EPs utilizing the Needy Individual Patient Volume Criteria.

Note: EP may not use Practice data to report Hospital-Based data

Practice Predominantly Criteria (apply to EP selecting Needy Individual Patient Volume Type only)

EPs selecting the Needy Individual Patient Volume Type must demonstrate that they practice predominantly at FQHC/RHC facilities. EPs in a FQHC/RHC not practicing more than 50% at FQHC/RHC Facilities are not eligible for the Medicaid EHR Incentive Program

Note: EP may not use Practice data to report Practice Predominant data.

No-Sanction Criteria

Eligible Providers must have the proper licenses/certifications and not have active unresolved sanctions. AHCCCS will use existing operational protocols to validate licensure and sanctions.

Eligible Providers must meet licensure/certification requirements applicable to its provider type as required by the professional licensing and certification boards or entities and as specified by federal and state statutes and regulations.

Eligible Providers may be sanctioned by AHCCCS for violations of the terms of the AHCCCS Provider Agreement. Sanctions may be imposed due to fraudulent or abusive conduct on the part of the AHCCCS provider. Sanctions must be resolved before disbursement of the EHR Incentive Program payment.



MEANINGFUL USE REQUIREMENTS

Meaningful Use General Requirements

For providers who work at multiple practice locations, at least 50% of all their encounters must take place at a location(s) with CEHRT system.

Note: For the purpose of calculating this 50 percent threshold, any encounter where a medical treatment is provided and/or evaluation and management services are provided should be considered a "patient encounter."

At least 80% of unique patients seen at location(s) with CEHRT system must have their data in a certified EHR technology (CEHRT) system during the EHR reporting period.

Meaningful Use Measures Requirements

- **Core Measure:** 15 out of 15 Core Measures must be met according to CMS threshold. If an EP meets the criteria for and can claim exclusion for measures that apply, then the measure(s) is also considered met.
- **Menu Measure:** 5 out of 10 Menu Measures must be met according to CMS threshold and at least 1 of the 5 Menu Measures met by the EP must be from the Public Health List. Currently in Arizona, the only Public Health measure can be accepted is Immunization Registry which is available through the Arizona State Immunization Information System (ASIIS). If an EP meets the criteria for and can claim exclusion for measures that apply, then the measure(s) is also considered met.
- **Clinical Quality Measure:** 3 Core Clinical Quality Measures (CQM) and/or up to 3 Alternate CQMs (If an EP reports a denominator of 0 for any of the 3 Core CQMs, the EP must report for an Alternate Core CQM to supplement the Core CQM) and 3 Additional CQMs that relate to their practice (the EP must select 3 out of 38 Additional CQMs provided). Zero is an acceptable CQM denominator value provided that this value was produced by certified EHR technology.

Note: All measures are limited to actions taken at practices/locations equipped with certified EHR technology.

Incentive Payment

The maximum incentive payment an EP could receive from Arizona Medicaid EHR Incentive Program equals \$63,750 over a six years period, or \$42,500 for pediatricians with more than 20% but less than 30% patient volume as shown below.

Payment Year	Attestation For	EP Payment Amount	
		EP 30% PV; Pediatrician 30% PV	Pediatrician 20% PV
Year 1	AIU	\$21,250	\$14,167
Year 2	MU	\$8,500	\$5,667
Year 3	MU	\$8,500	\$5,667
Year 4	MU	\$8,500	\$5,667
Year 5	MU	\$8,500	\$5,667
Year 6	MU	\$8,500	\$5,667



EP payments will be made based on Calendar Year (CY) data and an EP must begin receiving incentive payments no later than CY 2016 to participate in the Program. EPs will assign the incentive payments to a tax ID (TIN) in the CMS EHR Registration and Attestation National Level Repository (NLR). The TIN must be associated in the Arizona PMMIS system with either the EP him/herself or a group or clinic with whom the EP is affiliated. Arizona Medicaid EPs are not required to participate on a consecutive annual basis, however, the last year an EP may begin receiving payments is 2016, and the last year the EP can receive payments is 2021. EP & Payee must have an active Electronic Funds Transfer (EFT) record with AHCCCS in order to receive payments. There are no payment adjustments or penalties for Medicaid Eligible Providers.

Payments may be recouped in cases of fraud, abuse or if AHCCCS' audit determines the provider was ineligible for the EHR Incentive Program Payment.



Getting Started - Welcome Page

EPs will need to attest Arizona Medicaid EHR Incentive Program Meaningful Use through AHCCCS ePIP system.

Access the portal at: <https://www.azepip.gov/> or via the AHCCCS public website: <http://www.azahcccs.gov/>.

Click **EHR Incentive Program**, then click the ePIP logo.

Log On Screen

EPs will need to enter their User Name (*AHCCCS provider number*) and Password to log on.



Welcome To Your ePIP Account

Welcome To Your ePIP Account

Your ePIP account is where you interface with the system to maintain your qualifying information and track your incentive payments. The menu on the left-hand side of this page is where you navigate the various system functions.

Main Menu Navigation

- [Welcome](#) - Returns you to this page.
- [Manage My Account](#) - Review & edit your contact information.
- [Attest](#) - Create & maintain attestations for separate program years.
- [Payments](#) - Track your payments for separate program years.
- [Manage Documents](#) - Upload & maintain supporting documents.
- [Log Off](#) - Logs you off the system.
- [EHR Cert Tool](#) - Validate your system's CMS EHR Certification ID before applying.

General Overview

The next step after you register is to [Attest](#) to create your application to receive your incentive payment. This is where you will input your system's CMS EHR Certification ID & required patient volume metrics, as well as make your attestation to AIU (Adoption, Implementation, or Upgrade) or MU (Meaningful Use) of EHR Certified technology. [Please note that in year one of the program, AHCCCS will only support AIU attestations.]

You may go to [Manage My Account](#) at any time to check your information for accuracy and/or to make any changes to the contact information you have furnished. (e.g. Email address, contact person, etc.)

Once your attestation has been submitted, you can navigate to the [Payments](#) section to check the processing status of your incentive payments.

On the right-hand side of this page are links to other resources of interest. In addition, the Search box above targets AHCCCS websites to aid you in finding things on our system.

Account Help

- [Log Off](#)
- [Change Password](#)
- [Setup Electronic Funds Transfer \(EFT\) Account](#)

External Links

- [CMS EHR Program Overview](#)
- [CMS Acronym Lookup Tool](#)
- [AHCCCS HIT Incentives](#)

Policy & Contact Links

- [Privacy Policy](#)
- [Accessibility Policy](#)
- [Contact AHCCCS](#)

Outreach Materials

- [EH Eligibility Worksheet](#)
- [EH Payment Worksheet](#)
- [EP Eligibility Worksheet](#)

After logging on the system, the User can also choose from the following actions:

- **Welcome** - Returns you to this page.
- **Manage My Account** - Review & edit your contact information.
- **Attest** - Create & maintain attestations for separate program years.
- **Payments** - Track your payments for separate program years.
- **Manage Documents** - Upload & maintain supporting documents.
- **Log Off** - Logs you off the system.
- **EHR Cert Tool** - Validate your system's CMS EHR Certification ID before applying.

Click "**Attest**" to start attestation.



First Year EPs- Attest

Arizona's Medicaid Agency

Arizona's Official Web Site

Welcome: [User] [Log Off]

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off
- Resource Menu
- EHR Cert Tool

Attest

Medicaid Payment Year	CMS EHR Certification ID	Attestation Date	Attestation Type
Create New			

Attestation Instructions

Welcome to the Attestation page. Arizona Medicaid providers must attest each payment year for the Medicaid EHR Incentive Program. Completing the State attestation is a prerequisite for determining the EHR Incentive Program payment.

Depending on the current status of your attestation, please select one of the following actions:

- Begin:** Begin Meaningful Use Attestation*
- Edit:** Edit a previously started Meaningful Use Attestation that has not yet been submitted.
- Resubmit:** Resubmit a failed or rejected attestation
- Detail:** View detail Meaningful Use Attestation that has been submitted and accepted.

* If you are a new user of the Arizona ePIP system, please select the "Create New" option at the top of the page.

Meaningful Use Stage 1 Overview

Meaningful Use attestations require Medicaid Eligible Professionals (EPs) participating in the EHR Incentive Program to successfully demonstrate "meaningful use" of certified EHR technology. The reporting period for the first year of Meaningful Use (Program Year 2) is any continuous 90 days. The reporting period for all remaining Meaningful Use program years will be the entire calendar year.

Requirements for Meaningful Use Measures for EPs

1. 15 out of 15 Core Measures must be met according to CMS threshold. If an EP meets the criteria for and can claim an exclusion for measures that have that option, then the

Account Help

- Log Off
- Change Password
- Setup Electronic Funds Transfer (EFT) Account

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

Click **"Create New"** to start an Attestation.



First Year EP - Attestation Selection

Arizona's Medicaid Agency

Arizona's Official Web Site

Welcome [Name] [Log Off]

Main Menu

Welcome

Manage My Account

Attest

Payments

Manage Documents

Log Off

Resource Menu

EHR Cert Tool

Attestation Selection

Attestation Selection

The Medicaid EHR Incentive Program allows providers to adopt, implement, or upgrade to certified EHR technology in their first year of participation. However, providers also have the option to choose to meet meaningful use in their first year of participation by reporting on measures for a 90-day reporting period. All eligible professionals will be in Stage 1 of meaningful use for two years before moving on to Stage 2.

Please select the program phase where you would like to initiate your participation. Your selection will direct you to the corresponding attestation on the following pages.

Note: Once the selection is made, the EP will be locked to the attestation path selected and will NOT be able to change. Please make sure to understand and confirm your selection before continuing. AIU is recommended for EP's new to the Electronic Health Record (EHR) Incentive Program due to fewer data requirements for successful attestation.

☒ **Adopt/Implement/Upgrade (Recommended)**

EPs who select AIU will need to upload supporting documentation. Please check the table below for detailed instructions.

	AIU Attestation Requirement	AIU Documentation Requirement
A	Adoption of an EHR system requires that a provider acquired, purchased or secured access to certified EHR technology.	A copy of the vendor contract, paid invoice, purchase order or a document showing a legal contractual obligation verifying the provider acquired, purchased or secured access to certified EHR technology.
I	Implementation of an EHR system requires that a provider installed or commenced utilization of certified EHR technology.	A copy of the vendor contract, paid invoice, purchase order or a document showing a legal contractual obligation verifying the provider installed certified EHR technology or basic production reports verifying the provider commenced utilization of certified EHR technology.
U	Upgrade of an EHR system requires that a provider upgraded from existing EHR technology to certified EHR technology or expanded the functionality of existing certified EHR technology.	A copy of the vendor contract, paid invoice, purchase order or a document showing a legal contractual obligation verifying the provider upgraded to certified EHR technology or expanded functionality of the existing certified EHR technology.

☐ **Meaningful Use**

EPs who select Meaningful Use must show that they are using their EHRs in a meaningful way by meeting thresholds for a number of objectives. EPs should meet 15 Core Measures, 5 out of 10 Menu Measures and report 6 out of 44 Clinical Quality Measures calculated by certified their EHR technology system.

Previous

Save & Continue

Account Help

Log Off

Change Password

Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview

CMS Acronym Lookup Tool

AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy

Accessibility Policy

Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet

EH Payment Worksheet

EP Eligibility Worksheet

First Year EPs can select AIU attestation or MU attestation.

NOTE: Adopt, Implement, and Upgrade (AIU) is highly recommended for EPs new to the EHR Incentive Program due to fewer data requirements for successful attestation.



First Year EP- AIU Selected 1

☒ Adopt/Implement/Upgrade (Recommended)

EPs who select AIU will need to upload supporting documentation. Please check the table below for detailed instructions.

AIU Attestation Requirement	AIU Documentation Requirement
Adoption of an EHR system requires that a provider acquired, purchased or secured access to certified EHR technology.	A copy of the vendor contract, paid invoice, purchase order or a document showing a legal contractual obligation verifying the provider's selection of certified EHR technology.
Implementation of an EHR system requires that a provider upgraded from existing EHR technology to certified EHR technology or expanded the functionality of existing certified EHR technology.	A copy of the vendor contract, paid invoice, purchase order or a document showing a legal contractual obligation verifying the provider upgraded to certified EHR technology or expanded functionality of the existing certified EHR technology.

Message from webpage

You have chosen the AIU attestation, do you wish to continue? Once continue, you will be locked to that path and will not be able to change your selection.

OK Cancel

Click “OK” to confirm and continue with the attestation selected. EPs will be locked to that path and will not be able to change the selection. EPs can contact EHR Incentive Program staff to unlock the path if a wrong selection was made.

Please refer to the AIU User Manual for instructions on how to proceed through the system. The AIU User Guide can be found at:

[http://www.azahcccs.gov/HIT/downloads/EP Reference Guide.pdf](http://www.azahcccs.gov/HIT/downloads/EP_Reference_Guide.pdf).



First Year EP- MU Selected 1

Adopt/Implement/Upgrade (**Recommended**)

EPs who select AIU will need to upload supporting documentation. Please check the table below for detailed instructions.

AIU Attestation Requirement	AIU Documentation Requirement
<p>A Adoption of an EHR system requires that a provider acquired, purchased or secured access to certified EHR technology.</p> <p>I Implementation of an EHR system requires that a provider installed or commenced utilization of certified EHR technology.</p>	<p>A copy of the vendor contract, paid invoice, purchase order or a document showing a legal contractual obligation verifying the provider acquired, purchased or secured access to certified EHR technology.</p> <p>A copy of the vendor contract, paid invoice, purchase order or a document showing a legal contractual obligation verifying the provider installed certified EHR technology or basic production reports verifying the provider commenced utilization of certified EHR technology.</p>

Windows Internet Explorer

You have chosen the MU attestation, do you wish to continue? Once continue, you will be locked to that path and will not be able to change your selection.

OK Cancel

Previous Save & Continue

Click "OK" to confirm and continue with the attestation selected. EPs will be locked to that path and will not be able to change the selection. EPs can contact EHR Incentive Program staff to unlock the path if a wrong selection was made.

First Year EP- MU selected 2 (MU Attestation Progress)

AHCCCS Arizona's Medicaid Agency

AZ.GOV Arizona's Official Web Site

Welcome [Log Off]

Search

Main Menu

Welcome

Manage My Account

Attest

Payments

Manage Documents

Log Off

Resource Menu

EHR Cert Tool

Attestation Progress

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the MODIFY button to modify any previously entered information. The system will show checkmarks for each item once it has been completed.

Completed	Topics	Action
Incompleted	Patient Volume	Begin
Incompleted	Attestation Information	
Incompleted	Meaningful Use Core Measures	
Incompleted	Meaningful Use Menu Measures	
Incompleted	Meaningful Use Clinical Quality Measures	

Continue Attestation

Account Help

Log Off

Change Password

Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview

CMS Acronym Lookup Tool

AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy

Accessibility Policy

Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet

EH Payment Worksheet

EP Eligibility Worksheet

EPs need to attest the following topics: Patient Volume, Attestation Information, Meaningful Use Core Measures, Meaningful Use Menu Measures and Meaningful Use Clinical Quality Measures.

EPs need to start with the first topic (Patient Volume), then the second topic (Attestation Information). Once criteria for both topics are met, the EP can continue with Meaningful Use Measures (no sequence required). If the EP cannot meet Patient Volume and Attestation Information criterion, the EP will be disabled from continuing with the Meaningful Use Measures.

Please click "[Begin](#)" to start Patient Volume.



Second Year EP - Attest

Attest

Medicaid Payment Year	CMS EHR Certification ID	Attestation Date	Attestation Type
First Year	30000001SVGWEAS	12/14/2011	AIU
Second Year			

Attestation Eligibility Issues Remaining to Resolve:
 ▶ Attestation Document has not been uploaded.
 Please use [Manage Documents](#) to upload "AIU Supporting Documentation".

Attestation Instructions

Welcome to the Attestation page. Arizona Medicaid providers must attest each payment year for the Medicaid EHR Incentive Program. Completing the State attestation is a prerequisite for determining the EHR Incentive Program payment.

Program Year 2

In program Year 2 and the subsequent program years, Medicaid Eligible Professional (EP) participating in the EHR Incentive Program will need to successfully demonstrate meaningful use of certified EHR technology. The reporting period in program Year 2 is any continuous 90 days. The reporting period for all remaining program years will be the entire calendar year.

Requirements for Meaningful Use Measures for EPs

1. 15 out of 15 Core Measures must be met according to CMS threshold. If an EP meets the criteria for and can claim exclusion for measures that apply, then the measure(s) is also considered met.
2. 5 out of 10 Menu Measures must be met according to CMS threshold and at least 1 of the 5 Menu Measures met by the EP must be from the Public Health List. Currently in Arizona, the only Public Health measure can be accepted is Immunization Registry which is available through the Arizona State Immunization Information System (ASIS). If an EP meets the criteria for and can claim exclusion for measures that apply, then the measure(s) is also considered met.
3. 3 Core Clinical Quality Measures (CQM) and/or up to 3 Alternate CQMs (If an EP reports a denominator of 0 for any of the 3 Core CQMs, the EP must report for an Alternate Core CQM to supplement the Core CQM) and 3 Additional CQMs that relate to their practice (the EP must select 3 out of 38 Additional CQMs provided). Zero is an acceptable CQM denominator value provided that this value was produced by certified

All EPs who have successfully attested AIU can view the detail information by clicking "Details" for the first payment year. To Begin MU Attestation (program year 2), Click "**Begin**".

Depending on the current status of your attestation, EPs can select one of the following actions:

- **Begin:** Begin Meaningful Use Attestation
- **Edit:** Edit a previously started Meaningful Use Attestation that has not yet been submitted.
- **Resubmit:** Resubmit a failed or rejected attestation
- **Detail:** View details on a Meaningful Use Attestation that has been submitted and accepted.

Attestation Progress

Attestation Progress

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the MODIFY ATTESTATION button to modify any previously entered information. They system will show checks for each item when completed.

Completed	Topics	Action
Incompleted	Patient Volume	Begin
Incompleted	Attestation Information	
Incompleted	Meaningful Use Core Measure	
Incompleted	Meaningful Use Menu Measure	
Incompleted	Meaningful Use Clinical Quality Measures	

EPs need to attest the following topics: Patient Volume, Attestation Information, Meaningful Use Core Measures, Meaningful Use Menu Measures and Meaningful Use Clinical Quality Measures.

EPs need to start with the first topic (Patient Volume), then the second topic (Attestation Information). Once criteria for both topics are met, the EP can continue with Meaningful Use Measures (no sequence required). If the EP cannot meet Patient Volume and Attestation Information criterion, the EP will be disabled from continuing with the Meaningful Use Measures.

Please click "**Begin**" to start Patient Volume.



PATIENT VOLUME SELECTION SCREENS

Patient Volume Information - Scenario 1

Type = Medicaid Patient Volume

Methodology = Individual

General Patient Volume Instructions:
Please select Patient Volume Type: Medicaid Patient Volume or Needy Individuals.

Note: Only FQHC/RHC providers can select Needy Individual Patient Volume; all other providers must select Medicaid Patient Volume.

Please select Patient Volume Methodology: Individual or Aggregate.

Note: Patient Volume Methodology is the way in which EPs will report their patient volume. These providers have the option of selecting either the Individual or Aggregate Patient Volume Methodology.

- Individual: sum of patient encounters for a single provider.
- Aggregate: sum of patient encounters for multiple providers in a Group Practice or Clinic.

Patient Volume Information - Scenario 2

Type = Needy Individuals Patient Volume;

Methodology = Individual

Click **"Next"** to save and go to Medicaid Patient Volume page or click **"Previous"** to go back to Attestation Progress.



Patient Volume Information - Scenario 3

Type = Medicaid Patient Volume

Methodology = Aggregate

Main Menu	Patient Volume Criteria		Account Help Log Off Change Password Setup Electronic Funds Transfer (EFT) Account
	<p>Select</p> <p>Patient Volume Type</p> <p><input checked="" type="radio"/> Medicaid Patient Volume</p> <p><input type="radio"/> Needy Individuals Patient Volume (option for FQHC/RHC only)</p> <p>Patient Volume Type is the technique used to perform measurements. EPs participating in the EHR Incentive Program must select either Medicaid Patient Volume or Needy Individual Patient Volume.</p> <ul style="list-style-type: none"> Medicaid Patient Volume: any provider can utilize Needy Individual Patient Volume: only available as an option for FQHC/RHC providers <p>Patient Volume Methodology</p> <p><input type="radio"/> Individual</p> <p><input checked="" type="radio"/> Aggregate</p> <p>Patient Volume Methodology is the way in which EPs will report their patient volume. These providers have the option of selecting either the Individual or Aggregate Patient Volume Methodology.</p> <ul style="list-style-type: none"> Individual: sum of patient encounters for a single provider Aggregate: sum of patient encounters for multiple providers in a Group Practice or Clinic 		
Resource Menu	<p>Previous</p> <p>Next</p>		

Aggregate Patient Volume Information:

EPs in a Group Practice or Clinic, referred to below as 'Practice', who uses the Practice's data, must decide if each provider will use the EP's Individual Patient Volume or the Practice's Aggregate Patient Volume Methodology.

If using the Aggregate Patient Volume Methodology, data is based on the sum of patient encounters for the entire Practice (includes multiple providers) but can only be used as a proxy for all EPs in the Practice if all of the Federal & State Specific Rules on the following page) are met.

On behalf of the Practice, the Office Manager/Administrator must contact AHCCCS to **establish** the Practice in the ePIP System and provide the following information before an EP can begin attestation in ePIP:

- Letterhead with Practice's AHCCCS Provider Number, EHR Certification Number, Patient Volume Methodology, if applicable, Aggregate Medicaid Patient Encounters, Aggregate Total Patient Encounters
- List of each provider within the Practice showing name, AHCCCS provider number, Provider Type, Physician Type & PA Led Type (Excel)

Patient Volume Information - Scenario 4

Type = Needy Individuals Patient Volume;

Methodology = Aggregate

Main Menu	Patient Volume Criteria		Account Help Log Off Change Password Setup Electronic Funds Transfer (EFT) Account
	<p>Select</p> <p>Patient Volume Type</p> <p><input type="radio"/> Medicaid Patient Volume</p> <p><input checked="" type="radio"/> Needy Individuals Patient Volume (option for FQHC/RHC only)</p> <p>Patient Volume Type is the technique used to perform measurements. EPs participating in the EHR Incentive Program must select either Medicaid Patient Volume or Needy Individual Patient Volume.</p> <ul style="list-style-type: none"> Medicaid Patient Volume: any provider can utilize Needy Individual Patient Volume: only available as an option for FQHC/RHC providers <p>Patient Volume Methodology</p> <p><input type="radio"/> Individual</p> <p><input checked="" type="radio"/> Aggregate</p> <p>Patient Volume Methodology is the way in which EPs will report their patient volume. These providers have the option of selecting either the Individual or Aggregate Patient Volume Methodology.</p> <ul style="list-style-type: none"> Individual: sum of patient encounters for a single provider Aggregate: sum of patient encounters for multiple providers in a Group Practice or Clinic 		
Resource Menu	<p>Previous</p> <p>Next</p>		

Once the above procedure is finished, AHCCCS EHR Incentive Program staff will validate the data provided and enter to ePIP system if the validation is passed. The EP can then log on to the ePIP system and start attestation.

Failure to perform the above procedures will prevent an EP from completing attestation, cause submission of an incorrect attestation, delay payment, disbursement of an incorrect payment or denial of payment.

Note: Patient volume screens will be skipped for EPs using "aggregate" methodology.



Aggregate Patient Volume Methodology Conditions

Federal Specific Rules	State Specific Rules
1. Practice's patient volume is appropriate as a patient volume methodology calculation for the EP (i.e. if an EP only sees Medicare, commercial or self-pay patients, this is not an appropriate calculation).	1. All EPs in the practice must use the same aggregate patient volume data for the payment year.
2. There is an auditable data source to support the Practice's patient volume determination.	2. EPs employed during the payment year are permitted to use the Practice's aggregate patient volume data if meeting the Federal Specific Rules. In the event of an audit, the Practice and the EP must successfully demonstrate these EPs have satisfied these requirements during the payment year.
3. All of the EPs in the Practice must use the same methodology for the payment year.	
4. The Practice uses the entire Practice's patient volume and does not limit patient volume in any way.	
5. If EP works both inside & outside of the Practice, then the patient volume calculation includes only those encounters associated with the Practice and not the EP's outside encounters.	



PATIENT VOLUME REPORT SCREENS

Medicaid Patient Volume

- **Patient Volume Reporting Period Start Date:** Please enter the start date of the 90-day period from prior year of the participating program year. (e.g.If your participating program year is 2012, select the patient volume reporting period from 2011).
- **Patient Volume Reporting Period End Date:** Please enter the end date of the 90-day period. Please make sure the date you entered is exactly 90-day, or you will receive an error message indicating you must change the date.
- **EP Total Patient Encounters:** Enter the total number of patient encounters during this reporting period.
- **Arizona Medicaid Patient Encounters:** Enter total number of Arizona Medicaid Patient Encounters during this reporting period.
- **Optional Border State:** Eligible Providers have the option to include out-of-state patient encounters in their eligible patient volume threshold.
- **Note:** If electing to do so, EPs must report each state's Medicaid encounters separately. This will trigger an eligibility verification audit and require AHCCCS to contact the other state(s) to confirm patient encounter data. This will delay payment until the data is properly validated.
- **Medicaid Patient Volume Percentage Calculation:** (Medicaid Patient Encounter Volume/Total Patient Encounter Volume)*100%. This percentage must be greater than or equal to 30% to meet the Medicaid patient volume requirement. For Pediatricians, the percentage must be greater than or equal to 20% to meet the Medicaid patient volume requirement.

Click **"Next"** to proceed or **"Previous"** to go to previous page. Click **"Cancel"** to go back to Attest page.



Needy Patient Volume

Report Patient Volume

Reporting Period

Patient Volume Reporting Period Start Date

EP Patient Encounters

EP Total Patient Encounters

State	Medicaid Title XIX	CHIP Title XXI	Patients Paying Below Cost
Arizona Needy Individual Patient Encounters	<input type="text"/>	<input type="text"/>	<input type="text"/>
Optional Border States			
California Needy Individual Patient Encounters	<input type="text"/>	<input type="text"/>	<input type="text"/>
Colorado Needy Individual Patient Encounters	<input type="text"/>	<input type="text"/>	<input type="text"/>
New Mexico Needy Individual Patient Encounters	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nevada Needy Individual Patient Encounters	<input type="text"/>	<input type="text"/>	<input type="text"/>
Utah Needy Individual Patient Encounters	<input type="text"/>	<input type="text"/>	<input type="text"/>

- **Patient Volume Reporting Period Start Date:** Please enter the start date of the 90-day period from prior year of the participating program year. (e.g. if your participating program year is 2012, select the patient volume reporting period from 2011).
- **EP Total Patient Encounters:** Enter the total number of patient encounters during this reporting period.
- **Arizona Needy Individual Patient Encounters**
 - **Medicaid Title XIX:** The number of Unique Medicaid Title XIX Patient Encounters.
 - **CHIP Title XXI:** The number of Unique CHIP TITLE XXI Patient Encounters
 - **Patients Paying Below Cost:** The number of Unique 'Patients Paying Below Cost' Patient Encounters
- **Optional Border State:** Eligible Providers have the option to include out-of-state patient encounters in their eligible patient volume threshold.

Note: If electing to do so, EPs must report each state's Medicaid encounters separately. This will trigger an eligibility verification audit and require AHCCCS to contact the other state(s) to confirm patient encounter data. This will delay payment until the data is properly validated.

The Needy Individual Patient Volume Percentage Calculation: Total number of Needy Individual Patient Encounters divided by the total of all patient encounters in the selected 90-day period multiplied by 100%. This percentage must be greater than or equal to 30% to meet the needy individual patient volume requirement.



HOSPITAL-BASED PATIENT ENCOUNTERS REPORT SCREEN (Medicaid)

The screenshot displays the 'Report Hospital-Based Patient Encounters' screen. It features a left sidebar with navigation links like 'Main Menu', 'Welcome', 'Manage My Account', 'Attest', 'Payments', 'Manage Documents', 'Log Off', 'Resource Menu', and 'EHR Cert Tool'. The main content area includes a 'Reporting Period' section with start and end date fields, and three encounter count sections: 'All Medicaid Patient Encounters', 'Medicaid Hospital-Based Patient Encounters', and 'EP Medicaid Inpatient Hospital Patient Encounters'. Each section has a corresponding input field. At the bottom are 'Cancel', 'Previous', and 'Next' buttons. The right sidebar contains 'Account Help', 'External Links', 'Policy & Contact Links', and 'Outreach Materials'.

- **Enter Hospital-Based Reporting Period:** 12 months in prior Calendar Year.
- **Enter EP Total Medicaid Patient Encounters:** The number of All Medicaid Patient Encounters during the reporting period.
- **Medicaid Hospital-Based Encounters**
- **EP Medicaid Inpatient Hospital Patient Encounters:** The number of All Medicaid Inpatient Hospital Patient Encounters during the reporting period.
- **EP Medicaid Emergency Department Patient Encounters:** The number of All Medicaid Emergency Department Patient Encounters during the reporting period.

Hospital-Based Percentage Calculation: (Medicaid Hospital-Based Patient Encounters/All Medicaid Patient Encounters)*100%. This percentage must be less than 90% to meet the Non-Hospital Based requirement.

Click **“Next”** to save and proceed or **“Previous”** to go previous page. Click **“Cancel”** to go back to Attest page.



PRACTICE PREDOMINANTLY PATIENT ENCOUNTERS REPORT SCREEN (Needy Patient)

- **Practice Predominantly Reporting Period Start Date:** A 6-month Period in the Prior Calendar Year.
- **EP Total Patient Encounters:** Number of All Total Patient Encounters during Practice Predominantly Reporting Period.
- **EP FQHC/RHC Facility Patient Encounters:** Number of Needy Individual Patient Encounters during Practice Predominantly Reporting Period.

Note: EPs may not use Practice data to report Practice Predominant data.



PROVIDER ELIGIBILITY RESULTS SCREENS

Medicaid Provider Eligibility Results

General Eligibility Results Information:

EPs can check Eligibility results in this page.

The qualifying patient volume thresholds for the Medicaid EHR Incentive Program are shown below:

Entity	Minimum 90-day Needy Individual Patient Volume Threshold
Physicians	30%
Pediatricians	30% or optional 20%
Dentists	30%
Certified nurse Midwives	30%
Physician Assistants when practicing at an FQRC/RHC led by a Physician Assistant	30%
Nurse Practitioner	30%

Needy Patient Provider Eligibility Results

Medicaid EPs with 90% or more of their patient encounters in a hospital-based place of service are not eligible for the Medicaid EHR Incentive Program.

EPs in a **FQHC/RHC** not practicing more than 50% at FQHC/RHC Facilities are not eligible for the Medicaid EHR Incentive Program.

If all criterion is met, the EP can check results and click **"Save & Continue"** to move to the MU Attestation Information Page.

If any of the criteria is not met, the EP is not allowed to continue to the next page.

Click **"Previous"** to go previous page.
Click **"Cancel"** to go back to Attest page.



ATTESTATION INFORMATION SCREEN

All the fields with red asterisk (*) are required to continue with the attestation:

- **EHR Reporting Period Start Date** – This is the starting date for the period of time you are reporting your Meaningful Use Measure data.
- **EHR Reporting Period End Date** – This is the end date for the period of time you are reporting your Meaningful Use Measure data. Note: The reporting period of first year Meaningful Use is any continuous 90 days within the program year being attested. For the second year of reporting Meaningful Use, an entire year of reporting will be required.
- **Do you work at multiple practice locations** – Indicate if you work at multiple service locations.

Note: If you answer yes, enter the total number of locations that you work and then enter how many of the locations have certified EHR Technology.

- **Indicate the service location that has certified EHR technology** – Enter the address a service location in which you work that is using certified EHR technology.
- **Enter the total encounters at all locations during the EHR Reporting Period and total encounters at locations with Certified EHR Technology during the EHR Reporting Period** - For providers who work at multiple practice locations, at least 50% of all their encounters must take place at a location(s) with CEHRT system.

Note: For the purpose of calculating this 50 percent threshold, any **encounter** where a medical treatment is provided and/or evaluation and management services are provided should be considered a "patient encounter."

EPs should meet the criteria (outlined on the right side of this page) before they can continue with MU attestation.

NOTE: Clicking the “**NEXT**” button will validate the data and present any errors. The user must enter all required fields. If no errors, the data is saved and the user is navigated to the Attestation Confirmation page. Clicking the “**Previous**” button will navigate the user to the Provider Eligibility Result Page without saving the data. Clicking the “**Return to Attestation Progress**” button will navigate the user to the Attestation Progress Page without saving the data.

- **Based on the locations with CEHRT system, enter the total unique patients you have seen during the EHR Reporting Period and total unique patients in a certified EHR system during the EHR Reporting Period** - This should be the percentage of all the patients you have seen total who have data recorded in your EHR. The amount of unique patients with structured data stored in your EHR should be at least 80%.



Meaningful Use Attestation Information Confirmation

Main Menu	Detail Attestation MU Information	Account Help
Welcome Manage My Account Attest Payments Manage Documents Log Off <hr/> Resource Menu EHR Cert Tool	<p>Name: [REDACTED] AHCCCS Provider Number: [REDACTED]</p> <p>EHR certification number: [REDACTED]</p> <p>The EHR reporting period associated with this attestation</p> <p>EHR Reporting Period Start Date (mm/dd/yyyy): 1/1/2012</p> <p>EHR Reporting Period End Date (mm/dd/yyyy): 3/30/2012</p> <p>For providers who work at multiple practice locations, at least 50% of all their encounters <u>must</u> take place at a location(s) with CEHRT system.</p> <p>Work at multiple practice locations: Yes</p> <p>Total number of locations: 2</p> <p>the total number of locations with certified EHR technology: 1</p> <p>Addresses of your service location with certified EHR technology associated with this attestation: 1234 test dr. phoenix, az 850374</p> <p>Total encounters at all locations during the EHR Reporting Period: 100</p> <p>Total encounters at locations with CEHRT during the EHR Reporting Period: 50</p> <p>Percentage of patient encounters in location(s) with CEHRT system: 50.000 %</p> <p>At least 80% of unique patients <u>must</u> have their data in a certified EHR technology (CEHRT) system during the EHR reporting period.</p> <p>Total unique patients during the EHR Reporting Period: 100</p> <p>Total unique patients have their data in a Certified EHR system during the EHR Reporting Period: 80</p> <p>Percentage of unique patients have their data in a CEHRT system: 80.000 %</p> <p> Return to Attestation Progress Previous Save & Continue </p>	<p>Account Help</p> <p> Log Off Change Password Setup Electronic Funds Transfer (EFT) Account </p> <p>External Links</p> <p> CMS EHR Program Overview CMS Acronym Lookup Tool AHCCCS HIT Incentives </p> <p>Policy & Contact Links</p> <p> Privacy Policy Accessibility Policy Contact AHCCCS </p> <p>Outreach Materials</p> <p> EH Eligibility Worksheet EH Payment Worksheet EP Eligibility Worksheet </p>

EPs can check the data they entered for attestation information.

NOTE: Clicking the “**Save and Continue**” button navigates the user to the Meaningful Use Core Measure 1 page.

Clicking the “**Previous**” button will navigate the user to the Meaningful Use Attestation Information page.

Clicking the “**Return to Attestation Progress**” button will navigate the user to the Attestation Progress Page.



MEANINGFUL USE CORE MEASURES

General Information Related to Core Measures

- The user is required to enter a numerator and denominator or answer Yes/No for each measure unless the user can claim an exclusion.
 - If the user selects "Yes" for an Exclusion, all other fields will be hidden.
- The user must enter all required fields as indicated by the red asterisks.
- The denominator must be \geq numerator and exclusions; all data must be non-negative whole numbers.
- Clicking the **"Save & Continue"** button on each screen will validate the data and present any errors.
 - Potential error messages for each screen are described for reference.
- If the system does not determine any errors, the data is saved and the user is navigated to the next Core Measure page.
- Clicking the **"Previous Page"** button will navigate the user to the previous Core Measure Page.
- Clicking the **"Return to Attestation Progress"** button will navigate the user to the Attestation Progress Page.
- Click **"For detailed information about this measure, please click here"** link for the specific requirements and related definitions for each measure.

Core Measure 1 of 15: CPOE for Medication Orders

The screenshot shows the AHCCCS website interface for the 'Meaningful Use Core Measures' questionnaire. The page is titled 'Meaningful Use Core Measures' and includes a sub-header 'Meaningful Use Core Measures - Questionnaire (1 of 15)'. The main content area contains the following sections:

- Objective:** Use computerized provider order entry (CPOE) for medication orders directly entered by a licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.
- Measure:** More than 30% of all unique patients with at least one medication in their medication list seen by the Eligible Professional (EP) have at least one medication order entered using CPOE.
- Exclusion:** Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
- *Does this exclusion apply to you?**
 - ☒ Yes
 - ☐ No
- *PATIENT RECORDS:** Please select whether the data used to support this measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
 - ☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 - ☒ This data was extracted only from patient records maintained using certified EHR technology.

At the bottom of the main content area, there is a link: [For additional information: Meaningful Use Measure Specification Page](#). Below the link are two buttons: 'Return to Attestation Progress' and 'Save & Continue'.

The right sidebar contains several sections:

- Account Help:** Log Off, Change Password, Setup Electronic Funds Transfer (EFT) Account.
- External Links:** CMS EHR Program Overview, CMS Acronym Lookup Tool, AHCCCS HIT Incentives.
- Policy & Contact Links:** Privacy Policy, Accessibility Policy, Contact AHCCCS.
- Outreach Materials:** EH Eligibility Worksheet, EH Payment Worksheet, EP Eligibility Worksheet.

Potential Error Messages:

- Please select Yes or No for **EXCLUSION**.
- Please make a selection for **Patient Records**.
- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator



Core Measure 2 of 15: Drug Interaction Checks

AHCCCS Arizona's Medicaid Agency

Welcome [User] [Log Off]

Meaningful Use Core Measures

(*) Red asterisk indicates a required field.

Meaningful Use Core Measures - Questionnaire (2 of 15)

Objective	Implement drug-drug and drug-allergy interaction checks.
Measure	<p>The EP has enabled this functionality for the entire EHR reporting period.</p> <p>Complete the following information:</p> <p>* Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>For additional information: Meaningful Use Measure Specification Page</p>

Return to Attestation Progress Previous Save & Continue

Account Help

Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please select Yes or No

Core Measure 3 of 15: Maintain Problem List

AHCCCS Arizona's Medicaid Agency

Welcome [User] [Log Off]

Meaningful Use Core Measures

(*) Red asterisk indicates a required field.

Meaningful Use Core Measures - Questionnaire (3 of 15)

Objective	Maintain an up-to-date problem list of current and active diagnoses.
Measure	<p>More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data</p> <p>Complete the following information:</p> <p>Numerator: Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.</p> <p>Denominator: Number of unique patients seen by the EP during the EHR reporting period.</p> <p>* Numerator: 99</p> <p>* Denominator: 100</p> <p>For additional information: Meaningful Use Measure Specification Page</p>

Return to Attestation Progress Previous Save & Continue

Account Help

Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator



Core Measure 4 of 15: e-Prescribing (eRx)

Main Menu Welcome Manage My Account Attest Payments Manage Documents Log Off Resource Menu EHR Cert Tool	Meaningful Use Core Measures (*) Red asterisk indicates a required field.	Account Help Log Off Change Password Setup Electronic Funds Transfer (EFT) Account External Links CMS EHR Program Overview CMS Acronym Lookup Tool AHCCCS HIT Incentives Policy & Contact Links Privacy Policy Accessibility Policy Contact AHCCCS Outreach Materials EH Eligibility Worksheet EH Payment Worksheet EP Eligibility Worksheet
	Meaningful Use Core Measures - Questionnaire (4 of 15)	
	Objective Generate and transmit permissible prescriptions electronically (eRx). Measure More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology. Exclusion-Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use. *Does this exclusion apply to you? <input type="radio"/> Yes <input checked="" type="radio"/> No * PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology. <input type="radio"/> This data was extracted from ALL patient records not just those maintained using certified EHR technology. <input checked="" type="radio"/> This data was extracted only from patient records maintained using certified EHR technology. Complete the following information: Numerator: Number of prescriptions in the denominator generated and transmitted electronically. Denominator: Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period. * Numerator: <input type="text" value="99"/> * Denominator: <input type="text" value="100"/> Which eRx service did you generate and transmit? <input type="text"/> Please name a pharmacy that you transmit to. <input type="text"/> For additional information: Meaningful Use Measure Specification Page	
	<input type="button" value="Return to Attestation Progress"/> <input type="button" value="Previous"/> <input type="button" value="Save & Continue"/>	

Potential Error Messages:

- Please select Yes or No for EXCLUSION.
- Please make a selection for Patient Records.
- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that equal to or less than the denominator

Core Measure 5 of 15: Active Medication List

<div> </div>		
Welcome [User Name] [Log Off] <input type="text" value="Search"/>		
Main Menu Welcome Manage My Account Attest Payments Manage Documents Log Off Resource Menu EHR Cert Tool	Meaningful Use Core Measures (*) Red asterisk indicates a required field.	Account Help Log Off Change Password Setup Electronic Funds Transfer (EFT) Account External Links CMS EHR Program Overview CMS Acronym Lookup Tool AHCCCS HIT Incentives Policy & Contact Links Privacy Policy Accessibility Policy Contact AHCCCS Outreach Materials EH Eligibility Worksheet EH Payment Worksheet EP Eligibility Worksheet
	Meaningful Use Core Measures - Questionnaire (5 of 15)	
	Objective Maintain active medication list. Measure More than 80% of all unique patients seen by the EP have at least one medication entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data. Complete the following information: Numerator: : Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data. Denominator: Number of unique patients seen by the EP during the EHR report period. * Numerator: <input type="text" value="99"/> * Denominator: <input type="text" value="100"/> For additional information: Meaningful Use Measure Specification Page	
	<input type="button" value="Return to Attestation Progress"/> <input type="button" value="Previous"/> <input type="button" value="Save & Continue"/>	

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator



Core Measure 6 of 15: Medication Allergy List

AHCCCS Arizona's Medicaid Agency

Welcome [User] [Log Off]

Meaningful Use Core Measures

(*) Red asterisk indicates a required field.

Meaningful Use Core Measures - Questionnaire (6 of 15)

Objective Maintain active medication allergy list.

Measure More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Complete the following information:

Numerator: : Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.

Denominator: Number of unique patients seen by the EP during the EHR report period.

* Numerator:

* Denominator:

[For additional information: Meaningful Use Measure Specification Page](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Account Help

[Log Off](#)
[Change Password](#)
[Setup Electronic Funds Transfer \(EFT\) Account](#)

External Links

[CMS EHR Program Overview](#)
[CMS Acronym Lookup Tool](#)
[AHCCCS HIT Incentives](#)

Policy & Contact Links

[Privacy Policy](#)
[Accessibility Policy](#)
[Contact AHCCCS](#)

Outreach Materials

[EH Eligibility Worksheet](#)
[EH Payment Worksheet](#)
[EP Eligibility Worksheet](#)

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator

Core Measure 7 of 15: Record Demographics

AHCCCS Arizona's Medicaid Agency

Welcome [User] [Log Off]

Meaningful Use Core Measures

(*) Red asterisk indicates a required field.

Meaningful Use Core Measures - Questionnaire (7 of 15)

Objective Record all the following demographics:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of birth

Measure More than 50% of all unique patients seen by the EP have demographics recorded as structured data.

Complete the following information:

Numerator: Number of patients in the denominator who have all of the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements if recording an element is contrary to state law) recorded as structured data.

Denominator: Number of unique patients seen by the EP during the EHR report period.

* Numerator:

* Denominator:

[For additional information: Meaningful Use Measure Specification Page](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Account Help

[Log Off](#)
[Change Password](#)
[Setup Electronic Funds Transfer \(EFT\) Account](#)

External Links

[CMS EHR Program Overview](#)
[CMS Acronym Lookup Tool](#)
[AHCCCS HIT Incentives](#)

Policy & Contact Links

[Privacy Policy](#)
[Accessibility Policy](#)
[Contact AHCCCS](#)

Outreach Materials

[EH Eligibility Worksheet](#)
[EH Payment Worksheet](#)
[EP Eligibility Worksheet](#)

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator



Core Measure 8 of 15: Record Vital Signs

Arizona's Medicaid Agency

Arizona's Official Web Site

Welcome [User Name] [Log Off]

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off
- Resource Menu
- EHR Cert Tool

Meaningful Use Core Measures

(*) Red asterisk indicates a required field.

Meaningful Use Core Measures - Questionnaire (8 of 15)

Objective Record and chart changes in vital signs:

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI)
- Plot and display growth charts for children 2-20 years, including BMI.

Measure More than 50% of all unique patients age 2 and over seen by EP, height, weight and blood pressure are recorded as structured data.

Exclusion 1 -Based on ALL patient records: An EP who sees no patients 2 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
*Does this exclusion 1 apply to you?

☐ Yes ☒ No

Exclusion 2 -Based on ALL patient records: An EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to scope of practice would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
*Does this exclusion 2 apply to you?

☐ Yes ☒ No

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data.

Denominator: Number of unique patients age 2 or over seen by the EP during the EHR report period.

Account Help

- Log Off
- Change Password
- Setup Electronic Funds Transfer (EFT) Account

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

Potential Error Messages:

- Please select Yes or No for EXCLUSION.
- Please make a selection for Patient Records.
- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator

Attest

Payments

Manage Documents

Log Off

Resource Menu

EHR Cert Tool

- Height
- Weight
- Blood pressure
- Calculate and display body mass index (BMI)
- Plot and display growth charts for children 2-20 years, including BMI.

Measure More than 50% of all unique patients age 2 and over seen by EP, height, weight and blood pressure are recorded as structured data.

Exclusion 1 -Based on ALL patient records: An EP who sees no patients 2 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
*Does this exclusion 1 apply to you?

☐ Yes ☒ No

Exclusion 2 -Based on ALL patient records: An EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to scope of practice would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
*Does this exclusion 2 apply to you?

☐ Yes ☒ No

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data.

Denominator: Number of unique patients age 2 or over seen by the EP during the EHR report period.

*** Numerator:** 99

*** Denominator:** 100

[For additional information: Meaningful Use Measure Specification Page](#)

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

Return to Attestation Progress

Previous

Save & Continue



Core Measure 9 of 15: Record Smoking Status

AHCCCS Arizona's Medicaid Agency

Welcome [User] [Log Off]

Meaningful Use Core Measures
(*) Red asterisk indicates a required field.

Meaningful Use Core Measures - Questionnaire (9 of 15)

Objective Record smoking status for patients 13 years old or older.

Measure More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.

Exclusion-Based on ALL patient records: An EP who sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

☐ Yes ☒ No

* **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☒ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: Number of patients in the denominator with smoking status recorded as structured data.

Denominator: Number of unique patients age 13 or older seen by EP during the EHR reporting period.

* Numerator: 99

* Denominator: 100

[For additional information: Meaningful Use Measure Specification Page](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Account Help
Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links
[CMS EHR Program Overview](#)
[CMS Acronym Lookup Tool](#)
[AHCCCS HIT Incentives](#)

Policy & Contact Links
[Privacy Policy](#)
[Accessibility Policy](#)
[Contact AHCCCS](#)

Outreach Materials
[EH Eligibility Worksheet](#)
[EH Payment Worksheet](#)
[EP Eligibility Worksheet](#)

Potential Error Messages:

- Please select Yes or No for EXCLUSION.
- Please make a selection for Patient Records.
- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator

Core Measure 10 of 15: Clinical Quality Measures (CQMs)

AHCCCS Arizona's Medicaid Agency

Welcome [User] [Log Off]

Meaningful Use Core Measures
(*) Red asterisk indicates a required field.

Meaningful Use Core Measures - Questionnaire (10 of 15)

Objective Report ambulatory clinical quality measures to AHCCCS.

Measure Successfully report to AHCCCS ambulatory clinical quality measures selected by CMS.

Complete the following information

* Will you submit Clinical Quality Measures?

☒ Yes ☐ No

[For additional information: Meaningful Use Measure Specification Page](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Account Help
Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links
[CMS EHR Program Overview](#)
[CMS Acronym Lookup Tool](#)
[AHCCCS HIT Incentives](#)

Policy & Contact Links
[Privacy Policy](#)
[Accessibility Policy](#)
[Contact AHCCCS](#)

Outreach Materials
[EH Eligibility Worksheet](#)
[EH Payment Worksheet](#)
[EP Eligibility Worksheet](#)

Potential Error Messages:

- Please select Yes or No



Core Measure 11 of 15: Clinical Decision Support Rule

AHCCCS Arizona's Medicaid Agency

Welcome [Log Off]

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off

Resource Menu

- EHR Cert Tool

Meaningful Use Core Measures

(*) Red asterisk indicates a required field.

Meaningful Use Core Measures - Questionnaire (11 of 15)

Objective Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule.

Measure Implement one clinical decision support rule.

Complete the following information:

* Have you implemented one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule?

☒ Yes ☐ No

Which CDS (clinical decision support) rule was implemented during the EHR reporting period?

[For additional information: Meaningful Use Measure Specification Page](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Account Help

- Log Off
- Change Password
- Setup Electronic Funds Transfer (EFT) Account

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

Potential Error Messages:

- Please select Yes or No

Core Measure 12 of 15: Electronic Copy of Health Information

AHCCCS Arizona's Medicaid Agency

Welcome [Log Off]

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off

Resource Menu

- EHR Cert Tool

Meaningful Use Core Measures

(*) Red asterisk indicates a required field.

Meaningful Use Core Measures - Questionnaire (12 of 15)

Objective Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request.

Measure More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days.

Exclusion-Based on ALL patient records: An EP who has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

☐ Yes ☒ No

* **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.

Denominator: Number of patients who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.

* Numerator:

* Denominator:

[For additional information: Meaningful Use Measure Specification Page](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Account Help

- Log Off
- Change Password
- Setup Electronic Funds Transfer (EFT) Account

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

Potential Error Messages:

- Please select Yes or No for EXCLUSION.
- Please make a selection for Patient Records.
- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator



Core Measure 13 of 15: Clinical Summaries

AHCCCS
Arizona's Medicaid Agency

AZ.GOV
Arizona's Official Web Site

Welcome [Redacted] [Log Off]

Search

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off

Resource Menu

- EHR Cert Tool

Meaningful Use Core Measures

(*) Red asterisk indicates a required field.

Meaningful Use Core Measures - Questionnaire (13 of 15)

Objective Provide clinical summaries for patients for each office visit.

Measure Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

Exclusion-Based on ALL patient records: Any EP who has no office visits during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

☐ Yes ☒ No

* **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: Number of office visits in the denominator for which the patient is provided a clinical summary within three business days.

Denominator: Number of office visits for the EP during the EHR reporting period.

* Numerator:

* Denominator:

[For additional information: Meaningful Use Measure Specification Page](#)

Return to Attestation Progress
Previous
Save & Continue

Account Help

Log Off

Change Password

Setup Electronic Funds Transfer (EFT) Account

External Links

[CMS EHR Program Overview](#)
[CMS Acronym Lookup Tool](#)
[AHCCCS HIT Incentives](#)

Policy & Contact Links

[Privacy Policy](#)
[Accessibility Policy](#)
[Contact AHCCCS](#)

Outreach Materials

[EH Eligibility Worksheet](#)
[EH Payment Worksheet](#)
[EP Eligibility Worksheet](#)

Potential Error Messages:

- Please select Yes or No for EXCLUSION.
- Please make a selection for Patient Records.
- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator

Core Measure 14 of 15: Electronic Exchange of Clinical Information

AHCCCS
Arizona's Medicaid Agency

AZ.GOV
Arizona's Official Web Site

Welcome [Redacted] [Log Off]

Search

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off

Resource Menu

- EHR Cert Tool

Meaningful Use Core Measures

(*) Red asterisk indicates a required field.

Meaningful Use Core Measures - Questionnaire (14 of 15)

Objective Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.

Measure Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information?

Complete the following information:

* Have you performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information?

☒ Yes ☐ No

With whom was the test done?

Was the test successful?

☐ Yes ☐ No

[For additional information: Meaningful Use Measure Specification Page](#)

Return to Attestation Progress
Previous
Save & Continue

Account Help

Log Off

Change Password

Setup Electronic Funds Transfer (EFT) Account

External Links

[CMS EHR Program Overview](#)
[CMS Acronym Lookup Tool](#)
[AHCCCS HIT Incentives](#)

Policy & Contact Links

[Privacy Policy](#)
[Accessibility Policy](#)
[Contact AHCCCS](#)

Outreach Materials

[EH Eligibility Worksheet](#)
[EH Payment Worksheet](#)
[EP Eligibility Worksheet](#)

Potential Error Messages:

- Please select Yes or No



Core Measure 15 of 15: Protect Electronic Health Information

AHCCCS
Arizona's Medicaid Agency

AZ.GOV
Arizona's Official Web Site

Welcome [Redacted] [Log Off]

Search

Main Menu

Welcome

Manage My Account

Attest

Payments

Manage Documents

Log Off

Resource Menu

EHR Cert Tool

Meaningful Use Core Measures

(*) Red asterisk indicates a required field.

Meaningful Use Core Measures - Questionnaire (15 of 15)

Objective	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.
Measure	<p>Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.</p> <p>Complete the following information:</p> <p>*Have you conducted or reviewed a security risk analysis per 45 CFR 164.308 (a)(1) and implemented security updates as necessary and corrected identified security deficiencies as part of your risk management process.</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>For additional information: Meaningful Use Measure Specification Page</p>

Return to Attestation Progress

Previous

Save & Continue

Account Help

Log Off

Change Password

Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview

CMS Acronym Lookup Tool

AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy

Accessibility Policy

Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet

EH Payment Worksheet

EP Eligibility Worksheet

Potential Error Messages:

- Please select Yes or No



MU Core Measure Summary

Main Menu

[Welcome](#)

[Manage My Account](#)

[Attest](#)

[Payments](#)

[Manage Documents](#)

[Log Off](#)

Resource Menu

[EHR Cert Tool](#)

CoreMeasureSummaryMU1

Summary of Core Measures

Title	Objective	Measure	Entered	Action
Meaningful Use Core Measures - Questionnaire (1 of 15)	Use computerized provider order entry (CPOE) for medication orders directly entered by a licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of all unique patients with at least one medication in their medication list seen by the Eligible Professional (EP) have at least one medication order entered using CPOE.	exclusion No patient records from ALL Records numerator 99 denominator 100	Edit
Meaningful Use Core Measures - Questionnaire (2 of 15)	Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	function enabled Yes	Edit
Meaningful Use Core Measures - Questionnaire (3 of 15)	Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data Complete the following information:	numerator 99 denominator 100	Edit
Meaningful Use Core Measures - Questionnaire (4 of 15)	Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	exclusion Yes patient records from ALL Records numerator denominator erx_service pharmacy	Edit
Meaningful Use Core Measures -	Maintain active medication list.	More than 80% of all unique patients seen by the EP have	numerator 1 denominator 1	Edit

Account Help

[Log Off](#)

[Change Password](#)

[Setup Electronic Funds Transfer \(EFT\) Account](#)

External Links

[CMS EHR Program Overview](#)

[CMS Acronym Lookup Tool](#)

[AHCCCS HIT Incentives](#)

Policy & Contact Links

[Privacy Policy](#)

[Accessibility Policy](#)

[Contact AHCCCS](#)

Outreach Materials

[EH Eligibility Worksheet](#)

[EH Payment Worksheet](#)

[EP Eligibility Worksheet](#)

NOTE: This screen lists the Title, Objective, Measure, and Data entered by the EP for all the Core Measures.

Click **“Return to Attestation Progress”** to return to the Attestation Progress page, Click **“Continue”** to go to Menu Measure home page.

Clicking **“Edit”** navigates the EP to the corresponding measure, as shown in the sample on the next page.



Welcome [Log Off]
Search

Main Menu
Welcome
Manage My Account
Attest
Payments
Manage Documents
Log Off
Resource Menu
EHR Cert Tool

Meaningful Use Core Measures

(*) Red asterisk indicates a required field.

Meaningful Use Core Measures - Questionnaire (1 of 15)

Objective	Use computerized provider order entry (CPOE) for medication orders directly entered by a licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines
Measure	More than 30% of all unique patients with at least one medication in their medication list seen by the Eligible Professional (EP) have at least one medication order entered using CPOE.
	Exclusion-Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use. *Does this exclusion apply to you? <input type="radio"/> Yes <input type="radio"/> No
	* PATIENT RECORDS: Please select whether the data used to support this measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology. <input type="radio"/> This data was extracted from ALL patient records not just those maintained using certified EHR technology. <input type="radio"/> This data was extracted only from patient records maintained using certified EHR technology.
	Numerator: Number of patients in the denominator that have at least one medication order entered using CPOE. Denominator: Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.
	* Numerator: <input type="text"/> * Denominator: <input type="text"/>

[For additional information: Meaningful Use Measure Specification Page](#)

Return to Attestation Progress
Save & Back

Account Help
Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account
External Links
CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives
Policy & Contact Links
Privacy Policy
Accessibility Policy
Contact AHCCCS
Outreach Materials
EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Click “Save & Back” to return to the MU Core Measure Summary page.



MEANINGFUL USE MENU MEASURES

Arizona's Medicaid Agency

Arizona's Official Web Site

Welcome [Log Off]

Main Menu

Welcome

Manage My Account

Attest

Payments

Manage Documents

Log Off

Resource Menu

EHR Cert Tool

Meaningful Use Menu Measures

Instructions

EPs must report on a total of five (5) Meaningful Use Menu Measures. At least one of the five measures must be from the public health menu measures; the only public health measure that Arizona is currently accepting is the "Immunization Registry" measure. EPs also need to select other four measures from the additional Meaningful Use Menu Measures in the list below.

AHCCCS encourages EPs to select menu measures that are relevant to their scope of practice. EPs should only claim a measure exclusion in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures that are relevant to their scope of practice.

You must submit the "immunization registry" Meaningful Use Menu Measure from the public health list even if an Exclusion applies to it.

Objective	Measure	Selection
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically).	<input type="checkbox"/>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>

You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measure Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):

Objective	Measure	Selection
Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input type="checkbox"/>
Incorporate clinical lab-test results into certified EHR technology as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	<input type="checkbox"/>
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	<input type="checkbox"/>
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	<input type="checkbox"/>
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	<input type="checkbox"/>

Return to Attestation Progress
Start

Account Help

Log Off

Change Password

Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview

CMS Acronym Lookup Tool

AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy

Accessibility Policy

Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet

EH Payment Worksheet

EP Eligibility Worksheet

NOTE: The user is required to select one Public Health Menu Measure (**currently the only one can be selected in Arizona is Immunization Registry**) and four additional Menu Measures.

Clicking the **"Start"** button will validate the user selection and present any errors. If no errors are indicated, the data is saved and the user is navigated to the Menu Measure questionnaire.

Click **"Return to Attestation Progress"** to return to the Attestation Progress page.

General Information for Menu Measures:

- The user is required to enter a numerator and denominator or answer Yes/No for each measure unless the user can claim an exclusion.
 - If the user selects "Yes" for an Exclusion, all other fields will be hidden.
- The user must enter all required fields as indicated by the red asterisks.
- The denominator must be \geq numerator and exclusions; all data must be non-negative whole numbers.
- Clicking the **"Save & Continue"** button on each screen will validate the data and present any errors.
 - Potential error messages for each screen are described for reference.
- If the system does not determine any errors, the data is saved and the user is navigated to the next Menu Measure page.
- Clicking the **"Previous Page"** button will navigate the user to the previous Menu Measure Page.
- Clicking the **"Return to Attestation Progress"** button will navigate the user to the Attestation Progress Page.
- Click **"For detailed information about this measure, please click here"** link for the specific requirements and related definitions for each measure.

Potential Error Messages:

- Please select at least one public health menu measure objective.
- Please select a total of five (5) Meaningful Use Menu Measure Objectives (includes Meaningful Use Menu Measure from the public health list).



Menu Measure 1 of 10: Immunization Registry

AHCCCS
Arizona's Medicaid Agency

AZ.GOV
Arizona's Official Web Site

Welcome [User] [Log Off]

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off

Resource Menu

- EHR Cert Tool

Meaningful Use Menu Measures

(*) Red asterisk indicates a required field.

Questionnaire (x of 5):

Objective	Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.
Measure	<p>Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically).</p> <p>Exclusion 1 -Based on ALL patient records: An EP who does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use. *Does this exclusion apply to you?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Exclusion 2 -Based on ALL patient records: : If there is no immunization registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use. *Does this exclusion apply to you?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Complete the following information:</p> <p>*Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically)?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

IF you performed at least one test of EHR submission of electronic data to immunization registries:

Was the test successful?

☐ Yes ☐ No

If the test was successful, please enter the date and time of the test:

Date (MM/DD/YY):

TIME (HH:MM AM/PM):

If you answered Yes to was your test successful, you must answer the following:

Was a follow up submission done?

☐ Yes ☐ No

[For additional information: Meaningful Use Measure Specification Page](#)

Return to Attestation Progress

Previous

Save & Continue

Account Help

- Log Off
- Change Password
- Setup Electronic Funds Transfer (EFT) Account

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

Potential Error Messages:

- Please select Yes or No for the Exclusion
- Please select Yes or No



Meaningful Use Menu Measure 2 of 10: Syndromic Surveillance

NOTE: This measure is not selectable as Arizona is not currently accepting this measure.

Menu Measure 3 of 10: Drug Formulary Checks

The screenshot displays the AHCCCS web application interface for the 'Meaningful Use Menu Measures'. The top header includes the AHCCCS logo, 'Arizona's Medicaid Agency', and the AZ.GOV logo. A navigation menu on the left lists options like 'Main Menu', 'Welcome', 'Manage My Account', 'Attest', 'Payments', 'Manage Documents', 'Log Off', and 'EHR Cert Tool'. The main content area is titled 'Meaningful Use Menu Measures' and contains a 'Questionnaire (x of 5):' for 'Implement drug formulary checks.' The questionnaire includes a 'Measure' section with a description of the requirement and an 'Exclusion-Based on ALL patient records' section. It features radio buttons for 'Yes' and 'No' and a 'Save & Continue' button at the bottom.

Potential Error Messages:

- Please select Yes or No for the Exclusion
- Please select Yes or No



Menu Measure 4 of 10: Clinical Lab Test Results

Welcome [User] [Log Off] Search

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off

Resource Menu

- EHR Cert Tool

Meaningful Use Menu Measures

(*) Red asterisk indicates a required field.

Questionnaire (x of 5):

Objective Incorporate clinical lab-test results into certified EHR technology as structured data.

Measure More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

Exclusion-Based on ALL patient records: Any EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
*Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

Numerator: Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.

Denominator: Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number.

* Numerator: 99

* Denominator: 100

Did you use HIE (Health Information Exchange) or manually entered results?

☐ HIE ☐ Manually entered

[For additional information: Meaningful Use Measure Specification Page](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Account Help

- Log Off
- Change Password
- Setup Electronic Funds Transfer (EFT) Account

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

Potential Error Messages:

- Please select Yes or No for the Exclusion.
- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator

Menu Measure 5 of 10: Patient Lists

Welcome [User] [Log Off] Search

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off

Resource Menu

- EHR Cert Tool

Meaningful Use Menu Measures

(*) Red asterisk indicates a required field.

Questionnaire (x of 5):

Objective Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.

Measure Generate at least one report listing patients of the EP with a specific condition.

* **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

* Have you generated at least one report listing your patients with a specific condition?

☒ Yes ☐ No

Name at least one specific condition for which list was created

[For additional information: Meaningful Use Measure Specification Page](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Account Help

- Log Off
- Change Password
- Setup Electronic Funds Transfer (EFT) Account

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

Potential Error Messages:

- Please make a selection for Patient Records.
- Please select Yes or No.



Menu Measure 6 of 10: Patient Reminders

Welcome [User] [Log Off]

Main Menu

Welcome

Manage My Account

Attest

Payments

Manage Documents

Log Off

Resource Menu

EHR Cert Tool

Meaningful Use Menu Measures

(*) Red asterisk indicates a required field.

Questionnaire (x of 5):

Objective

Send reminders to patients per patient preference for preventive/follow up care.

Measure

More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.

Exclusion-Based on ALL patient records: Any EP who has no patients 65 years or older or 5 years old or younger with records maintained using certified EHR technology is excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

☐ Yes ☐ No

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: Number of patients in the denominator who were sent the appropriate reminder.

Denominator: Number of unique patients 65 years old or older or 5 years old or younger.

* Numerator:

* Denominator:

[For additional information: Meaningful Use Measure Specification Page](#)

Account Help

Log Off

Change Password

Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview

CMS Acronym Lookup Tool

AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy

Accessibility Policy

Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet

EH Payment Worksheet

EP Eligibility Worksheet

Return to Attestation Progress

Previous

Save & Continue

Potential Error Messages:

- Please select Yes or No for EXCLUSION.
- Please make a selection for Patient Records.
- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.



Menu Measure 7 of 10: Patient Electronic Access

Arizona's Medicaid Agency

Arizona's Official Web Site

Welcome [User] [Log Off]

Main Menu

[Welcome](#)

[Manage My Account](#)

[Attest](#)

[Payments](#)

[Manage Documents](#)

[Log Off](#)

Resource Menu

[EHR Cert Tool](#)

Meaningful Use Menu Measures

(*) Red asterisk indicates a required field.

Questionnaire (x of 5):

Objective

Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists and allergies) within 4 business days of the information being available to the EP

Measure

At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.

Exclusion-Based on ALL patient records: Any EP who neither orders nor creates lab tests or information that would be contained in the problem list, medication list, or medication allergy list during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: Number of patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online

Denominator: Number of unique patients seen by the EP during the EHR reporting period.

*** Numerator:**

*** Denominator:**

Do you have an online patient portal?

☐ Yes ☐ No

If you answered yes, what type of information patient has access to? (e.g. labs, diagnosis)

[For additional information: Meaningful Use Measure Specification Page](#)

Return to Attestation Progress

Previous

Save & Continue

Account Help

[Log Off](#)

[Change Password](#)

[Setup Electronic Funds Transfer \(EFT\) Account](#)

External Links

[CMS EHR Program Overview](#)

[CMS Acronym Lookup Tool](#)

[AHCCCS HIT Incentives](#)

Policy & Contact Links

[Privacy Policy](#)

[Accessibility Policy](#)

[Contact AHCCCS](#)

Outreach Materials

[EH Eligibility Worksheet](#)

[EH Payment Worksheet](#)

[EP Eligibility Worksheet](#)

Potential Error Messages:

- Please select Yes or No for EXCLUSION.
- Please make a selection for Patient Records.
- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.



Menu Measure 8 of 10: Patient-Specific Education Resources

AHCCCS Arizona's Medicaid Agency

Welcome [User] [Log Off]

Meaningful Use Menu Measures

(*) Red asterisk indicates a required field.

Questionnaire (x of 5):

Objective Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.

Measure More than 10% of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.

Complete the following information:

Numerator: Number of patients in the denominator who are provided patient-specific education resources.

Denominator: Number of unique patients seen by the EP during the EHR reporting period.

* Numerator:

* Denominator:

[For additional information: Meaningful Use Measure Specification Page](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Account Help

[Log Off](#)
[Change Password](#)
[Setup Electronic Funds Transfer \(EFT\) Account](#)

External Links

[CMS EHR Program Overview](#)
[CMS Acronym Lookup Tool](#)
[AHCCCS HIT Incentives](#)

Policy & Contact Links

[Privacy Policy](#)
[Accessibility Policy](#)
[Contact AHCCCS](#)

Outreach Materials

[EH Eligibility Worksheet](#)
[EH Payment Worksheet](#)
[EP Eligibility Worksheet](#)

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.

Menu Measure 9 of 10: Medication Reconciliation

AHCCCS Arizona's Medicaid Agency

Welcome [User] [Log Off]

Meaningful Use Menu Measures

(*) Red asterisk indicates a required field.

Questionnaire (x of 5):

Objective The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

Measure The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.

Exclusion-Based on ALL patient records: An EP who was not on the receiving end of any transition of care during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

☐ Yes ☒ No

* **PATIENT RECORDS:** Please select whether the data used to support this measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: Number of transitions of care in the denominator where medication reconciliation was performed.

Denominator: Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

* Numerator: 99

* Denominator: 100

[For additional information: Meaningful Use Measure Specification Page](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Account Help

[Log Off](#)
[Change Password](#)
[Setup Electronic Funds Transfer \(EFT\) Account](#)

External Links

[CMS EHR Program Overview](#)
[CMS Acronym Lookup Tool](#)
[AHCCCS HIT Incentives](#)

Policy & Contact Links

[Privacy Policy](#)
[Accessibility Policy](#)
[Contact AHCCCS](#)

Outreach Materials

[EH Eligibility Worksheet](#)
[EH Payment Worksheet](#)
[EP Eligibility Worksheet](#)

Potential Error Messages:

- Please select Yes or No for EXCLUSION.
- Please make a selection for Patient Records.
- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator



Menu Measure 10 of 10: Transition of Care Summary

Arizona's Medicaid Agency

Arizona's Official Web Site

Welcome [User Name] [Log Off]

Search

Main Menu

Welcome

Manage My Account

Attest

Payments

Manage Documents

Log Off

Resource Menu

EHR Cert Tool

Meaningful Use Menu Measures

(*) Red asterisk indicates a required field.

Questionnaire (x of 5):

Objective

The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.

Measure

The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

Exclusion-Based on ALL patient records: An EP who does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

☐ Yes ☒ No

*** PATIENT RECORDS:** Please select whether the data used to support this measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

Numerator: Number of transitions of care and referrals in the denominator where a summary of care record was provided.

Denominator: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

* Numerator:

* Denominator:

If you answered YES to EXCLUSION above:

Please select one of the statements listed below that best describes the reason for the exclusion:

☐ Did not refer any patients to other settings of care during the EHR reporting period.

☐ Does not transition any patients to other settings of care during the EHR reporting period.

[For additional information: Meaningful Use Measure Specification Page](#)

Return to Attestation Progress

Previous

Save & Continue

Account Help

Log Off

Change Password

Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview

CMS Acronym Lookup Tool

AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy

Accessibility Policy

Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet

EH Payment Worksheet

EP Eligibility Worksheet

Potential Error Messages:

- Please select Yes or No for EXCLUSION.
- Please make a selection for Patient Records.
- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator



Menu Measure Summary Page

Main Menu

Welcome

Manage My Account

Attest

Payments

Manage Documents

Log Off

Resource Menu

EHR Cert Tool

Menu Measure Summary MU1

Summary of Menu Measures

Objective	Measure	Entered	Action
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically).	exclusion1 Yes exclusion2 No test performed test result Yes test_date test_time test follow up	Edit
Implement drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	exclusion No enabled functionality Yes	Edit
Incorporate clinical lab-test results into certified EHR technology as structured data.	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	exclusion No numerator 99 denominator 100 hie	Edit
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	patient records from ALL Records report Yes report_condition	Edit
Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	exclusion No patient records from ALL Records numerator 99 denominator 100	Edit

Return to Attestation Progress

Continue

Account Help

Log Off

Change Password

Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview

CMS Acronym Lookup Tool

AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy

Accessibility Policy

Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet

EH Payment Worksheet

EP Eligibility Worksheet

Note: This screen lists the Objective, Measure, and Data entered by the EP for all the Core Measures. EPs can click the [“Edit”](#) button on a measure row to go to that measure and update the data entry.

Click **“Return to Attestation Progress”** button will navigate the user to the Attestation Progress Page; Click **“Continue”** to go to the Clinical Quality Measure home page.



MEANINGFUL USE CLINICAL QUALITY MEASURES

Clinical Quality Measures Instructions

NOTE:

EPs must report calculated CQMs directly from their certified EHR technology as a requirement of the EHR Incentive Programs. Each EP must report on 3 Core Clinical Quality Measures (CQM) and/or up to 3 Alternate CQMs (If an EP reports a denominator of 0 for any of the 3 Core CQMs, the EP must report for an Alternate Core CQM to supplement the Core CQM) and 3 Additional CQMs that relate to their practice (the EP must select 3 out of 38 Additional CQMs provided). Zero is an acceptable CQM denominator value provided that this value was produced by certified EHR technology.

General Information for all Clinical Quality Measures:

- The user is required to enter the numerator, denominator and exclusions (if any) for each measure.
- Clicking the Save & Continue button will validate the data and present any errors.
- The user must enter all required fields.
- The denominator must be \geq numerator and exclusions; all data must be non-negative whole numbers.
- If the system does not determine any errors, the data is saved and the user is navigated to the next Clinical Quality Measure page.
- Clicking the **Previous Page** button will navigate the user to the previous Clinical Quality Measure Page.
- Clicking the **Return to Attestation Progress** button will navigate the user to the Attestation Progress Page.
- Click **For detailed information about this measure, please click here** link for the specific requirements and related definitions for each measure.

Click **Start** to begin reporting Clinical Quality Measures.



Meaningful Use Core Clinical Quality Measure 1

AHCCCS Arizona's Medicaid Agency

Core Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (1 of 3):

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0013

Title: Hypertension: Blood Pressure Measurement

Description: Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.

Complete the following information:

* Numerator:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.

Meaningful Use Core Clinical Quality Measure 2

AHCCCS Arizona's Medicaid Agency

Core Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (2 of 3):

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0028 / PQRI 114

Title: Preventive Care and Screening Measure Pair

Description:

a. Tobacco Use Assessment

Description: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months.

Complete the following information:

* Numerator:

* Denominator:

b. Tobacco Cessation Intervention

Description: Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.

Complete the following information:

* Numerator:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.



Meaningful Use Core Clinical Quality Measure 3

Arizona's Medicaid Agency

Arizona's Official Web Site

Welcome [Log Off]

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off
- Resource Menu
- EHR Cert Tool

Core Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (3 of 3):

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0421 / PQRI 128

Title Adult Weight Screening and Follow-up

Description Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.

Complete the following information:

Population Criteria 1

* Numerator:

* Denominator:

* Exclusion:

Population Criteria 2

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help

Log Off

Change Password

Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview

CMS Acronym Lookup Tool

AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy

Accessibility Policy

Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet

EH Payment Worksheet

EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Alternative Clinical Quality Measure Instruction and Selection Page

Arizona's Medicaid Agency

Arizona's Official Web Site

Welcome [User Name] [Log Off]

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off

Resource Menu

- EHR Cert Tool

Alternate Clinical Quality Measures Questionnaire:

(*) Red asterisk indicates a required field.

Instructions: You have entered a denominator of zero for one (two or three) of your Core Clinical Quality Measures. You must submit one (two or three) Alternate Core Clinical Quality Measure.

Please select one (two or three) Alternate Clinical Quality Measure from the list below.

Note: An alternate Clinical Quality Measure with a denominator of zero should only be selected if the remaining Alternate Clinical Quality Measures do not have a denominator value greater than zero.

Measure #	Title	Description	Selection
NQF 0024	Weight Assessment and Counseling for Children and Adolescents.	Percentage of patients 2-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	<input type="checkbox"/>
NQF 0041/PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old.	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	<input type="checkbox"/>
NQF 0038	Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HIB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination	<input type="checkbox"/>

Account Help

- Log Off
- Change Password
- Setup Electronic Funds Transfer (EFT) Account

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

If an EP indicates a zero in the denominator of one or more Core Clinical Quality Measures, then they must choose an Alternate Clinical Quality Measure to equal the amount of Core Clinical Quality Measures that had a zero in the denominator.

This menu only appears after the Core Clinical Quality Measures if zero is reported in the denominator of one or more Core Clinical Quality Measures. If none of the denominators are zero for the Core Clinical Quality Measures, an EP will be navigated to Additional Clinical Quality Measures page.

Clicking the **Return to Attestation Progress** button will navigate the user to the Attestation Progress Page. Click **Start** to continue.



Alternative Clinical Quality Measure 1

AHCCCS
Arizona's Medicaid Agency

AZ.GOV
Arizona's Official Web Site

Welcome [Log Off]

Main Menu

Welcome

Manage My Account

Attest

Payments

Manage Documents

Log Off

Resource Menu

EHR Cert Tool

Alternate Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (1 of 3):

NQF 0024

Title Weight Assessment and Counseling for Children and Adolescents.

Description Percentage of patients 2-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

Complete the following information:

Population Criteria 1

* Numerator1:

* Denominator:

* Numerator2:

* Denominator:

* Numerator3:

* Denominator:

Population Criteria 2

* Numerator1:

* Denominator:

* Numerator2:

* Denominator:

* Numerator3:

* Denominator:

Population Criteria 3

Account Help

Log Off

Change Password

Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview

CMS Acronym Lookup Tool

AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy

Accessibility Policy

Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet

EH Payment Worksheet

EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.

Manage Documents

Log Off

Resource Menu

EHR Cert Tool

Complete the following information:

Population Criteria 1

* Numerator1:

* Denominator:

* Numerator2:

* Denominator:

* Numerator3:

* Denominator:

Population Criteria 2

* Numerator1:

* Denominator:

* Numerator2:

* Denominator:

* Numerator3:

* Denominator:

Population Criteria 3

* Numerator1:

* Denominator:

* Numerator2:

* Denominator:

* Numerator3:

* Denominator:

[For detail information about this measure, please click here](#)

Policy & Contact Links

Privacy Policy

Accessibility Policy

Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet

EH Payment Worksheet

EP Eligibility Worksheet

Return to Attestation Progress

Previous

Save & Continue



Alternative Clinical Quality Measure 2

AHCCCS Arizona's Medicaid Agency

WELCOME [Log Off]

Alternate Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (2 of 3):

NQF 0041/PQRI 110

Title Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old.

Description Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).
Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help
Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links
CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links
Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials
EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.

Alternative Clinical Quality Measure 3

AHCCCS Arizona's Medicaid Agency

WELCOME [Log Off]

Alternate Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (3 of 3):

NQF 0038

Title Childhood Immunization Status

Description Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HIB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.
Complete the following information:

* Numerator1:

* Denominator:

* Numerator2:

* Denominator:

* Numerator3:

* Denominator:

* Numerator4:

* Denominator:

* Numerator5:

* Denominator:

* Numerator6:

* Denominator:

* Numerator7:

Account Help
Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links
CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links
Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials
EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.



Alternative Clinical Quality Measure 3, con't...

AHCCCS Tool		EH Payment Worksheet EP Eligibility Worksheet	
	* Numerator2:		
	* Denominator:		
	* Numerator3:		
	* Denominator:		
	* Numerator4:		
	* Denominator:		
	* Numerator5:		
	* Denominator:		
	* Numerator6:		
	* Denominator:		
	* Numerator7:		
	* Denominator:		
	* Numerator8:		
	* Denominator:		
	* Numerator9:		
	* Denominator:		
	* Numerator10:		
	* Denominator:		
	* Numerator11:		
	* Denominator:		
	* Numerator12:		
	* Denominator:		
For detail information about this measure, please click here			
Return to Attestation Progress		Previous	Save & Continue



Additional Clinical Quality Measures Instruction and Selection Page

Arizona's Medicaid Agency

Arizona's Official Web Site

Welcome [User] [Log Off]

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off

Resource Menu

- EHR Cert Tool

Additional Clinical Quality Measures Questionnaire:

(*) Red asterisk indicates a required field.

Instructions: Select three Additional Clinical Quality Measures from the list below. You will be prompted to enter numerator(s), denominator(s), and exclusion(s), if applicable, for all three Additional Clinical Quality Measures after you select the CONTINUE button below.

Measure #	Title	Description	Selection
NQF 0059/ PQRI 1	Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.	<input type="checkbox"/>
NQF 0064/ PQRI 2	Diabetes: Low Density Lipoprotein (LDL) Management and Control	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C <100mg/dL	<input type="checkbox"/>
NQF 0061/ PQRI 3	Diabetes: Blood Pressure Management	Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	<input type="checkbox"/>
NQF 0081/ PQRI 5	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF <40%) who were prescribed ACE inhibitor or ARB therapy.	<input type="checkbox"/>
NQF 0070/ PQRI 7	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	<input type="checkbox"/>
NQF 0043/ PQRI 111	Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	<input type="checkbox"/>

Account Help

- Log Off
- Change Password
- Setup Electronic Funds Transfer (EFT) Account

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

NOTE: A total of 3 Additional Clinical Quality Measures must be selected by the EP. If the EP sees no patients in the measure population, it is acceptable to report zero in the denominator as long as the data is calculated by the certified EHR technology.



Additional Clinical Quality Measure 1

AHCCCS Arizona's Medicaid Agency

AZ.GOV Arizona's Official Web Site

Welcome [Log Off]

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (1):

NQF 0059/ PQRI 1

Title Diabetes: Hemoglobin A1c Poor Control

Description Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help

Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.

Additional Clinical Quality Measure 2

AHCCCS Arizona's Medicaid Agency

AZ.GOV Arizona's Official Web Site

Welcome [Log Off]

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (2):

NQF 0064/ PQRI 2

Title Diabetes: Low Density Lipoprotein (LDL) Management and Control

Description Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100mg/dL

Complete the following information:

* Numerator1:

* Denominator:

* Exclusion:

* Numerator2:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help

Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 3

The screenshot shows the AHCCCS website interface for 'Additional Clinical Quality Measures'. The main menu on the left includes 'Welcome', 'Manage My Account', 'Attest', 'Payments', 'Manage Documents', 'Log Off', 'Resource Menu', and 'EHR Cert Tool'. The central form area is titled 'Additional Clinical Quality Measures' and includes a note: '(*) Red asterisk indicates a required field.' Below this is 'Questionnaire (3):' for NQF 0061 / PQRI 3. The form fields are: Title (Diabetes: Blood Pressure Management), Description (Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg. Complete the following information:), Numerator (*), Denominator (*), and Exclusion (*). A link 'For detail information about this measure, please click here' is provided. At the bottom are buttons for 'Return to Attestation Progress', 'Previous', and 'Save & Continue'. The right sidebar contains 'Account Help' (Log Off, Change Password, Setup Electronic Funds Transfer (EFT) Account), 'External Links' (CMS EHR Program Overview, CMS Acronym Lookup Tool, AHCCCS HIT Incentives), 'Policy & Contact Links' (Privacy Policy, Accessibility Policy, Contact AHCCCS), and 'Outreach Materials' (EH Eligibility Worksheet, EH Payment Worksheet, EP Eligibility Worksheet).

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.

Additional Clinical Quality Measure 4

The screenshot shows the AHCCCS website interface for 'Additional Clinical Quality Measures'. The main menu on the left is identical to the previous form. The central form area is titled 'Additional Clinical Quality Measures' and includes a note: '(*) Red asterisk indicates a required field.' Below this is 'Questionnaire (4):' for NQF 0081 / PQRI 5. The form fields are: Title (Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular systolic Dysfunction (LVSD)), Description (Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF<40%) who were prescribed ACE inhibitor or ARB therapy. Complete the following information:), Numerator (*), Denominator (*), and Exclusion (*). A link 'For detail information about this measure, please click here' is provided. At the bottom are buttons for 'Return to Attestation Progress', 'Previous', and 'Save & Continue'. The right sidebar is identical to the previous form.

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 5

AHCCCS Arizona's Medicaid Agency

AZ.GOV Arizona's Official Web Site

Welcome [Log Off]

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (5):

NQF 0070/ PQRI 7

Title Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)

Description Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help

Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.

Additional Clinical Quality Measure 6

AHCCCS Arizona's Medicaid Agency

AZ.GOV Arizona's Official Web Site

Welcome [Log Off]

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (6):

NQF 0043/ PQRI 111

Title Pneumonia Vaccination Status for Older Adults

Description Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

Complete the following information:

* Numerator:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help

Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.



Additional Clinical Quality Measure 7

AHCCCS Arizona's Medicaid Agency

AZ.GOV Arizona's Official Web Site

Welcome [Log Off] Search

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off
- Resource Menu
- EHR Cert Tool

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (7):

NQF 0031/ PQRI 112

Title Breast Cancer Screening

Description Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.

Complete the following information:

* Numerator:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help

- Log Off
- Change Password
- Setup Electronic Funds Transfer (EFT) Account

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.

Additional Clinical Quality Measure 8

AHCCCS Arizona's Medicaid Agency

AZ.GOV Arizona's Official Web Site

Welcome [Log Off] Search

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off
- Resource Menu
- EHR Cert Tool

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (8):

NQF 0034/ PQRI 113

Title Colorectal Cancer Screening

Description Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help

- Log Off
- Change Password
- Setup Electronic Funds Transfer (EFT) Account

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 9

Additional Clinical Quality Measures
 (*) Red asterisk indicates a required field.

Questionnaire (9):
 NQF 0067/ PQRI 6

Title Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD

Description Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.

Additional Clinical Quality Measure 10

Additional Clinical Quality Measures
 (*) Red asterisk indicates a required field.

Questionnaire (10):
 NQF 0083/ PQRI 8

Title Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Description Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF<40%) and who were prescribed beta-blocker therapy

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 11

Additional Clinical Quality Measures
(*) Red asterisk indicates a required field.

Questionnaire (11):
NQF 0105/ PQRI 9

Title Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment

Description Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.

Complete the following information:

* Numerator1:

* Denominator:

* Numerator2:

* Denominator:

[For detail information about this measure, please click here](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.

Additional Clinical Quality Measure 12

Additional Clinical Quality Measures
(*) Red asterisk indicates a required field.

Questionnaire (12):
NQF 0086/ PQRI 12

Title Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

Description Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 13

AHCCCS Arizona's Medicaid Agency

AZ.GOV Arizona's Official Web Site

Welcome [Log Off]

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (13):

NQF 0088/ PQRI 18

Title Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

Description Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Account Help

[Log Off](#)
[Change Password](#)
[Setup Electronic Funds Transfer \(EFT\) Account](#)

External Links

[CMS EHR Program Overview](#)
[CMS Acronym Lookup Tool](#)
[AHCCCS HIT Incentives](#)

Policy & Contact Links

[Privacy Policy](#)
[Accessibility Policy](#)
[Contact AHCCCS](#)

Outreach Materials

[EH Eligibility Worksheet](#)
[EH Payment Worksheet](#)
[EP Eligibility Worksheet](#)

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.

Additional Clinical Quality Measure 14

AHCCCS Arizona's Medicaid Agency

AZ.GOV Arizona's Official Web Site

Welcome [Log Off]

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (14):

NQF 0089/ PQRI 19

Title Diabetic Retinopathy: Communication with the physician Managing Ongoing Diabetes Care

Description Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Account Help

[Log Off](#)
[Change Password](#)
[Setup Electronic Funds Transfer \(EFT\) Account](#)

External Links

[CMS EHR Program Overview](#)
[CMS Acronym Lookup Tool](#)
[AHCCCS HIT Incentives](#)

Policy & Contact Links

[Privacy Policy](#)
[Accessibility Policy](#)
[Contact AHCCCS](#)

Outreach Materials

[EH Eligibility Worksheet](#)
[EH Payment Worksheet](#)
[EP Eligibility Worksheet](#)

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 15

AHCCCS Arizona's Medicaid Agency

Welcome [Log Off]

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (15):

NQF 0047/ PQRI 53

Title Asthma Pharmacologic Therapy

Description Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help

Log Off

Change Password

Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview

CMS Acronym Lookup Tool

AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy

Accessibility Policy

Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet

EH Payment Worksheet

EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.

Additional Clinical Quality Measure 16

AHCCCS Arizona's Medicaid Agency

Welcome [Log Off]

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (16):

NQF 0001/ PQRI 64

Title Asthma Assessment

Description Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.

Complete the following information:

* Numerator:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help

Log Off

Change Password

Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview

CMS Acronym Lookup Tool

AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy

Accessibility Policy

Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet

EH Payment Worksheet

EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.



Additional Clinical Quality Measure 17

AHCCCS Arizona's Medicaid Agency

AZ.GOV Arizona's Official Web Site

Welcome [Log Off] Search

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off
- Resource Menu
- EHR Cert Tool

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (17):

NQF 0002/ PQRI 66

Title Appropriate Testing for Children with Pharyngitis

Description Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

Complete the following information:

* Numerator:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help

- Log Off
- Change Password
- Setup Electronic Funds Transfer (EFT) Account

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.

Additional Clinical Quality Measure 18

AHCCCS Arizona's Medicaid Agency

AZ.GOV Arizona's Official Web Site

Welcome [Log Off] Search

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off
- Resource Menu
- EHR Cert Tool

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (18):

NQF 0387/ PQRI 71

Title Oncology Breast Cancer: Hormonal Therapy for Stage IC- IJC Estrogen Receptor / Progesterone Receptor (ER/PR) Positive Breast Cancer

Description Percentage of patients aged 18 years and older with Stage IC through IJC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help

- Log Off
- Change Password
- Setup Electronic Funds Transfer (EFT) Account

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 19

AHCCCS Arizona's Medicaid Agency

Welcome [Log Off] Search

Additional Clinical Quality Measures
(*) Red asterisk indicates a required field.

Questionnaire (19):

NQF 0385/ PQRI 72

Title Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

Description Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help
Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links
CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links
Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials
EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.

Additional Clinical Quality Measure 20

AHCCCS Arizona's Medicaid Agency

Welcome [Log Off] Search

Additional Clinical Quality Measures
(*) Red asterisk indicates a required field.

Questionnaire (20):

NQF 0389/ PQRI 102

Title Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

Description Percentage of patients regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help
Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links
CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links
Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials
EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 21

AHCCCS Arizona's Medicaid Agency

Welcome [Log Off] Search

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (21):

NQF 0027/ PQRI 115

Title Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies

Description Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.

Complete the following information:

* Numerator1:

* Denominator:

* Numerator2:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help

Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.

Additional Clinical Quality Measure 22

AHCCCS Arizona's Medicaid Agency

Welcome [Log Off] Search

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (22):

NQF 0055/ PQRI 117

Title Diabetes: Eye Exam

Description Percentage of patients 18-75 years of age with diabetes (type1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help

Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 23

Additional Clinical Quality Measures
 (*) Red asterisk indicates a required field.

Questionnaire (23):
 NQF 0062/ PQRI 119

Title Diabetes: Urine Screening

Description Percentage of patients 18-75 years of age with diabetes (type1 or type 2) who had a nephropathy screening test or evidence of nephropathy.

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.

Additional Clinical Quality Measure 24

Additional Clinical Quality Measures
 (*) Red asterisk indicates a required field.

Questionnaire (24):
 NQF 0056/ PQRI 163

Title Diabetes: Foot Exam

Description Percentage of patients 18-75 years of age with diabetes (type1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 25

AHCCCS Arizona's Medicaid Agency

Welcome [User] [Log Off] Search

Additional Clinical Quality Measures
(* Red asterisk indicates a required field.)

Questionnaire (25):
NQF 0074/ PQRI 197

Title Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol.

Description Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).
Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help
Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links
CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links
Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials
EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.

Meaningful Use Additional Clinical Quality Measure 26

AHCCCS Arizona's Medicaid Agency

Welcome [User] [Log Off] Search

Additional Clinical Quality Measures
(* Red asterisk indicates a required field.)

Questionnaire (26):
NQF 0084/ PQRI 200

Title Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation

Description Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.
Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help
Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links
CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links
Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials
EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 27: IVD - Blood Pressure Mgt.

Additional Clinical Quality Measures
(*) Red asterisk indicates a required field.

Questionnaire (27):
NQF 0073/ PQRI 201

Title	Ischemic Vascular Disease (IVD): Blood Pressure Management
Description	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg)

Complete the following information:

* Numerator:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.

Additional Clinical Quality Measure 28: IVD – Use of Aspirin or Another Antithrombotic

Additional Clinical Quality Measures
(*) Red asterisk indicates a required field.

Questionnaire (28):
NQF 0068/ PQRI 204

Title	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
Description	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.

Complete the following information:

* Numerator:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.



Additional Clinical Quality Measure 29: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

AHCCCS
Arizona's Medicaid Agency

AZ GOV
Arizona's Official Web Site

Welcome [User] [Log Off]

Main Menu

Welcome

Manage My Account

Attest

Payments

Manage Documents

Log Off

Resource Menu

EHR Cert Tool

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (29):

NQF 0004

Title Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement

Description Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Complete the following information:

Population Criteria 1

* Numerator1:

* Denominator:

* Numerator2:

* Denominator:

Population Criteria 2

* Numerator1:

* Denominator:

* Numerator2:

* Denominator:

Population Criteria 3

* Numerator1:

* Denominator:

* Numerator2:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress
Previous
Save & Continue

Account Help

Log Off

Change Password

Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview

CMS Acronym Lookup Tool

AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy

Accessibility Policy

Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet

EH Payment Worksheet

EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.



Additional Clinical Quality Measure 30: Prenatal Care: Screening for HIV

Additional Clinical Quality Measures
(*) Red asterisk indicates a required field.

Questionnaire (30):

NQF 0012

Title Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)

Description Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.

Additional Clinical Quality Measure 31: Prenatal Care: Anti-D Immune Globulin

Additional Clinical Quality Measures
(*) Red asterisk indicates a required field.

Questionnaire (31):

NQF 0014

Title Prenatal Care: Anti-D Immune Globulin

Description Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 32: Controlling High Blood Pressure

AHCCCS
Arizona's Medicaid Agency

Welcome [User] [Log Off]

Additional Clinical Quality Measures
(*) Red asterisk indicates a required field.

Questionnaire (32):

NQF 0018

Title Controlling High Blood Pressure

Description Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.

Complete the following information:

* Numerator:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help
Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links
CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links
Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials
EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.

Additional Clinical Quality Measure 33: Cervical Cancer Screening

AHCCCS
Arizona's Medicaid Agency

Welcome [User] [Log Off]

Additional Clinical Quality Measures
(*) Red asterisk indicates a required field.

Questionnaire (33):

NQF 0032

Title Cervical Cancer Screening

Description Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.

Complete the following information:

* Numerator:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help
Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links
CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links
Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials
EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.



Additional Clinical Quality Measure 34: Chlamydia Screening for Women

Arizona's Medicaid Agency

Welcome [Log Off]

Search

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (34):

NQF 0033

Title Chlamydia Screening for Women

Description Percentage of women 15-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Complete the following information:

Population Criteria 1

* Numerator:

* Denominator:

* Exclusion:

Population Criteria 2

* Numerator:

* Denominator:

* Exclusion:

Population Criteria 3

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

[Return to Attestation Progress](#) [Previous](#) [Save & Continue](#)

Account Help

[Log Off](#)

[Change Password](#)

[Setup Electronic Funds Transfer \(EFT\) Account](#)

External Links

[CMS EHR Program Overview](#)

[CMS Acronym Lookup Tool](#)

[AHCCCS HIT Incentives](#)

Policy & Contact Links

[Privacy Policy](#)

[Accessibility Policy](#)

[Contact AHCCCS](#)

Outreach Materials

[EH Eligibility Worksheet](#)

[EH Payment Worksheet](#)

[EP Eligibility Worksheet](#)

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 35: Use of Appropriate Medications for Asthma

Arizona's Medicaid Agency

Arizona's Official Web Site

Welcome [User Name] [Log Off] Search

Main Menu
Welcome
Manage My Account
Attest
Payments
Manage Documents
Log Off
Resource Menu
EHR Cert Tool

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (35):

NQF 0036	
Title	Use of Appropriate Medications for Asthma
Description	Percentage of patients 5-50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total)
Complete the following information:	
Population Criteria 1	
* Numerator:	<input type="text"/>
* Denominator:	<input type="text"/>
* Exclusion:	<input type="text"/>
Population Criteria 2	
* Numerator:	<input type="text"/>
* Denominator:	<input type="text"/>
* Exclusion:	<input type="text"/>
Population Criteria 3	
* Numerator:	<input type="text"/>
* Denominator:	<input type="text"/>
* Exclusion:	<input type="text"/>

[For detail information about this measure, please click here](#)

Account Help

Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 36: Low Back Pain: Use of Imaging Studies

Additional Clinical Quality Measures
(*) Red asterisk indicates a required field.

Questionnaire (36):

NQF 0052

Title Low Back Pain: Use of Imaging Studies

Description Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.

Complete the following information:

* Numerator:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter a numerator that is equal to or less than the denominator.

Meaningful Use Additional Clinical Quality Measure 37: IVD – Complete Lipid Panel and LDL Control

Additional Clinical Quality Measures
(*) Red asterisk indicates a required field.

Questionnaire (37):

NQF 0075

Title Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control

Description Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C <100mg/dL.

Complete the following information:

* Numerator1:

* Denominator:

* Numerator2:

* Denominator:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Additional Clinical Quality Measure 38: Diabetes: Hemoglobin A1c Control (<8.0%)

Arizona's Medicaid Agency

Arizona's Official Web Site

Welcome [User] [Log Off]

Main Menu

- Welcome
- Manage My Account
- Attest
- Payments
- Manage Documents
- Log Off
- Resource Menu
- EHR Cert Tool

Additional Clinical Quality Measures

(*) Red asterisk indicates a required field.

Questionnaire (38):

NQF 0575

Title Diabetes: Hemoglobin A1c Control (<8.0%)

Description The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.

Complete the following information:

* Numerator:

* Denominator:

* Exclusion:

[For detail information about this measure, please click here](#)

Return to Attestation Progress Previous Save & Continue

Account Help

- Log Off
- Change Password
- Setup Electronic Funds Transfer (EFT) Account

External Links

- CMS EHR Program Overview
- CMS Acronym Lookup Tool
- AHCCCS HIT Incentives

Policy & Contact Links

- Privacy Policy
- Accessibility Policy
- Contact AHCCCS

Outreach Materials

- EH Eligibility Worksheet
- EH Payment Worksheet
- EP Eligibility Worksheet

Potential Error Messages:

- Please enter a numerator.
- Please enter a denominator.
- Please enter exclusion data.
- Please enter a numerator or exclusion that is equal to or less than the denominator.



Meaningful Use Summary of Clinical Quality Measures

Note: This screen lists the Measure #, Title, Description, and Data entered by the EP for all the Clinical Quality Measures selected. EP's can click the [Edit](#) button by each measure summary to go to that measure and update the data entry.

Click **Return to Attestation Progress** to return to **Attestation Progress** page (see below).

Click **Continue** to go to **Attestation Statement** page.

Patient Volume Link –Takes the EP to Patient Volume page

Attestation Information Link – Takes the EP to the Attestation Information page

Meaningful Use Core Measures Link – Takes the EP to the summary screen for Meaningful Use Core Measures

Meaningful Use Menu Measures Link - Takes the EP to the summary for Meaningful Use Menu Measures

Core Clinical Quality Measures Link – Takes the EP to the Summary of all Clinical Quality Measures



ATTESTATION STATEMENTS

Arizona's Medicaid Agency

Arizona's Official Web Site

Welcome [Log Off]

Search

Main Menu

Welcome
Manage My Account
Attest
Payments
Manage Documents
Log Off
Resource Menu
EHR Cert Tool

Submission Process: Attestation Statements

Attestation Statements

You are about to submit your attestation for EHR Certification Number XXXXXX.

Please check the box next to each statement below to attest, then select the AGREE button to complete your attestation:

- ☒ The information submitted for CQMs was generated as output from an identified certified EHR technology.
- ☒ The information submitted is accurate to the knowledge and belief of the EP.
- ☒ The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the EP.
- ☒ The information submitted includes information on all patients to whom the measure applies.
- ☒ A zero was reported in the denominator of a measure when an EP did not care for any patients in the denominator population during the EHR reporting period.

Please select the DISAGREE button to go to the Home Page (your attestation will not be submitted), or the AGREE button to proceed with the attestation submission process.

DISAGREE
AGREE

Account Help

Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Note: The EP must check all the checkboxes in order to submit attestation.

Click **"AGREE"** to continue to Attestation Disclaimer page.

Click **"DISAGREE"** to go back to Attest page.

ATTESTATION DISCLAIMER

Main Menu

Welcome
Manage My Account
Attest
Payments
Manage Documents
Log Off
Resource Menu
EHR Cert Tool

Attestation Disclaimer

Attestation Notification

The EHR Incentive Program payment is considered a Medicaid payment to the provider. In addition to any other remedies available to it, AHCCCS reserves the right to offset any overpayments of Medicare or Medicaid (including EHR Incentive Program payments), and any sanctions or civil monetary penalties imposed by Medicare or Medicaid from any amounts due to the Provider from AHCCCS including but not limited to EHR Incentive Program payments.

Note: The State does not use the incentive payment to pay for its own program administration or to fund other State priorities.

Attestation Disclaimer

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

I certify that the foregoing information is true, accurate and complete. I understand that the Arizona Medicaid EHR Incentive Program payment will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain an Arizona Medicaid EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

I understand that AHCCCS reserves the right to perform an audit of this information. The audit may include an on-site visit by AHCCCS staff or designee to gather supporting data. I hereby agree to keep such records as are necessary, for ten years, to demonstrate that I met all Arizona Medicaid EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Arizona Health Care Cost Containment System Administration (AHCCCS), or contractor acting on their behalf.

☒ By clicking on this checkbox, I agree to the above Attestation Notification and Disclaimer.

Cancel
Submit Attestation

Account Help

Log Off
Change Password
Setup Electronic Funds Transfer (EFT) Account

External Links

CMS EHR Program Overview
CMS Acronym Lookup Tool
AHCCCS HIT Incentives

Policy & Contact Links

Privacy Policy
Accessibility Policy
Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet
EH Payment Worksheet
EP Eligibility Worksheet

Note: Please read the disclaimer carefully. The checkbox MUST be checked to continue.

Click **"Submit Attestation"** to confirm submission.



SUBMISSION RECEIPTS AND SUMMARY SCREENS

Submission Receipt (Accepted Attestation)

Main Menu Welcome Manage My Account Attest Payments Manage Documents Log Off Resource Menu EHR Cert Tool	<h3>Submission Receipt</h3> <p>Accepted Attestation</p> <p>The EP demonstrates meaningful use of certified EHR technology by meeting the applicable objectives and associated measures.</p> <ul style="list-style-type: none"> The meaningful use core measures are accepted and meet MU minimum standards. The meaningful use menu measures are accepted and meet MU minimum standards. All clinical quality measures were completed with data sufficient to meet the minimum standards. <p>What Happens Next?</p> <p>The EHR Staff will validate your attestation and determine if you meet the EHR Incentive Program requirements. If you meet the criteria, your attestation will be moved on for payment.</p> <p>Note: Please print this page for your records. You will also receive an e-mail confirmation of your attestation.</p> <p>Attestation Tracking Information</p> <p>Attestation Confirmation Number: [REDACTED]</p> <p>Name: [REDACTED]</p> <p>TIN: [REDACTED]</p> <p>NPI: [REDACTED]</p> <p>EHR Certification Number: [REDACTED]</p> <p>EHR Reporting Period: [REDACTED]</p> <p>Attestation Submission Date: [REDACTED]</p> <p>Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.</p> <p> SUMMARY OF MEASURES Print Home </p>	Account Help Log Off Change Password Setup Electronic Funds Transfer (EFT) Account External Links CMS EHR Program Overview CMS Acronym Lookup Tool AHCCCS HIT Incentives Policy & Contact Links Privacy Policy Accessibility Policy Contact AHCCCS Outreach Materials EH Eligibility Worksheet EH Payment Worksheet EP Eligibility Worksheet
--	---	---

Note: Once the Attestation is submitted, the EP can view a submission receipt. Click **“SUMMARY OF MEASURES”** to view measure summaries for all measure entries. The attestation will be sent for internal review and determination of approval for payment. Click **“Print”** to print the Submission Receipt. Click **“Home”** to go to the home page.



View Summary (Accepted Attestation)

Main Menu Welcome Manage My Account Attest Payments Manage Documents Log Off Resource Menu EHR Cert Tool	Attestation Details <div> General Information <table border="1"> <tr><td>Medicaid Payment Year</td><td>2</td></tr> <tr><td>Attestation Date</td><td>2/23/2012</td></tr> <tr><td>Attestation For</td><td>MU1</td></tr> <tr><td>Created Date</td><td>2/14/2012</td></tr> </table> </div> <div> Patient Volume Information Attestation Information <table border="1"> <tr><td>Name:</td><td>[REDACTED]</td></tr> <tr><td>AHCCCS Provider Number</td><td>[REDACTED]</td></tr> <tr><td>EHR certification number</td><td>[REDACTED]</td></tr> <tr><td>EHR Reporting Period</td><td>3/1/2011 - 5/29/2011</td></tr> <tr><td>Work at multiple practice locations</td><td>Yes</td></tr> <tr><td>Total encounters at all locations during the EHR Reporting Period</td><td>300</td></tr> <tr><td>Total encounters at locations with CEHRT during the EHR Reporting Period</td><td>160</td></tr> <tr><td>Percentage</td><td>100.000 %</td></tr> <tr><td>Total unique patients during the EHR Reporting Period</td><td>200</td></tr> <tr><td>Total unique patients in a Certified EHR system during the EHR Reporting Period</td><td>200</td></tr> <tr><td>Percentage</td><td>53.333 %</td></tr> </table> </div> <div> Core Measure Summary Menu Measure Summary Clinical Quality Measure Summary </div>	Medicaid Payment Year	2	Attestation Date	2/23/2012	Attestation For	MU1	Created Date	2/14/2012	Name:	[REDACTED]	AHCCCS Provider Number	[REDACTED]	EHR certification number	[REDACTED]	EHR Reporting Period	3/1/2011 - 5/29/2011	Work at multiple practice locations	Yes	Total encounters at all locations during the EHR Reporting Period	300	Total encounters at locations with CEHRT during the EHR Reporting Period	160	Percentage	100.000 %	Total unique patients during the EHR Reporting Period	200	Total unique patients in a Certified EHR system during the EHR Reporting Period	200	Percentage	53.333 %	Account Help Log Off Change Password Setup Electronic Funds Transfer (EFT) Account External Links CMS EHR Program Overview CMS Acronym Lookup Tool AHCCCS HIT Incentives Policy & Contact Links Privacy Policy Accessibility Policy Contact AHCCCS Outreach Materials EH Eligibility Worksheet EH Payment Worksheet EP Eligibility Worksheet
Medicaid Payment Year	2																															
Attestation Date	2/23/2012																															
Attestation For	MU1																															
Created Date	2/14/2012																															
Name:	[REDACTED]																															
AHCCCS Provider Number	[REDACTED]																															
EHR certification number	[REDACTED]																															
EHR Reporting Period	3/1/2011 - 5/29/2011																															
Work at multiple practice locations	Yes																															
Total encounters at all locations during the EHR Reporting Period	300																															
Total encounters at locations with CEHRT during the EHR Reporting Period	160																															
Percentage	100.000 %																															
Total unique patients during the EHR Reporting Period	200																															
Total unique patients in a Certified EHR system during the EHR Reporting Period	200																															
Percentage	53.333 %																															

NOTE: This is the Post Attestation summary. The EP can view summaries for Patient Volume, Meaningful Use General Information, and Meaningful Use Core, Menu, and Clinical Quality Measures.

The information viewed here cannot be edited. Please contact AHCCCS EHR Incentive Program staff if there is a problem with the information provided.

Example of a Core Measure Summary:

Log Off

Resource Menu

HR Cert Tool

Core Measure Summary

Title	Objective	Measure	Entered	Result
Meaningful Use Core Measures - Questionnaire (1 of 15)	Use computerized provider order entry (CPOE) for medication orders directly entered by a licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of all unique patients with at least one medication in their medication list seen by the Eligible Professional (EP) have at least one medication order entered using CPOE.	exclusion : No Patient Record from EHR numerator : 99 denominator : 100	Accepted
Meaningful Use Core Measures - Questionnaire (2 of 15)	Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	Yes	Accepted
Meaningful Use Core Measures - Questionnaire	Maintain an up-to-date problem list of current and	More than 80% of all unique patients seen	numerator : 99 denominator : 100	Accepted

Privacy Policy

Accessibility Policy

Contact AHCCCS

Outreach Materials

EH Eligibility Worksheet

EH Payment Worksheet

EP Eligibility Worksheet

The summary of measures for the Core MU Measures contains columns for the following information:

- Title – gives measure title and number
- Objective – gives the objective of the measure
- Measure – gives the detailed measure information
- Entered – gives the data the EP entered
- Accepted/Rejected – indicates if the measure was Accepted or Rejected



Submission Receipt (Rejected Attestation)

Welcome [Name] [Log Off]

Submission Receipt

Rejected Attestation

The EP did not demonstrate meaningful use of certified EHR technology because one or more objectives was not met as indicated by non-compliant measures.

- One or more of the meaningful use core measure did not meet meaningful use minimum standards.
- One or more of the meaningful use menu measure did not meet meaningful use minimum standards.

Please select the SUMMARY OF MEASURES button below to view all measures and their corresponding calculation/compliance.

Select the Status Tab for additional information about your EHR Incentive Program participation.

Attestation Tracking Information

Attestation Confirmation Number: 94

Name: [Redacted]

TIN: [Redacted]

NPI: [Redacted]

EHR Certification Number: [Redacted]

EHR Reporting Period: [Redacted]

Attestation Submission Date: [Redacted]

Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.

[SUMMARY OF MEASURES](#) [Print](#) [Home](#)

Account Help

[Log Off](#)

[Change Password](#)

[Setup Electronic Funds Transfer \(EFT\) Account](#)

External Links

[CMS EHR Program Overview](#)

[CMS Acronym Lookup Tool](#)

[AHCCCS HIT Incentives](#)

Policy & Contact Links

[Privacy Policy](#)

[Accessibility Policy](#)

[Contact AHCCCS](#)

Outreach Materials

[EH Eligibility Worksheet](#)

[EH Payment Worksheet](#)

[EP Eligibility Worksheet](#)

NOTE: If your attestation is not accepted you can review the summary of measures and look for the indication of which measure were not accepted.

The EP will be allowed to re-attest once the EP is able to meet the measure requirements. To re-attest, click the **"Summary of Measures"** button and review all of the measures. Then use the ["Click here to Re-Attest"](#) link at the bottom of the Summary page to re-attest. If you log out and come back to the system at a later date, you can re-attest by clicking "Attest" on the left sidebar once you have logged in to ePIP.

View summary (Rejected Attestation)

	structured data.	EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.		
Questionnaire (4 of 5):	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the EP with a specific condition.	patient records from ALL Records report Yes report_condition	Accepted
Questionnaire (5 of 5):	Send reminders to patients per patient preference for preventive/follow up care.	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	exclusion No patient records from ALL Records numerator 1 denominator 1	Accepted

[Clinical Quality Measure Summary](#)

[click here to re-attest](#)

The summary of measures for the Core MU Measures contains columns for the following information:

- Title – gives measure title and number
- Objective – gives the objective of the measure
- Measure – gives the detailed measure information
- Entered – gives the data the EP entered
- Accepted/Rejected – indicates if the measure was Accepted or Rejected



APPENDIX A

AHCCCS – Arizona Health Care Cost Containment System

AIU – Adopt, Implement, or Upgrade are legal terms defined by federal law.

CHIP – Children’s Health Insurance Program

CMS – Centers for Medicare and Medicaid Services

EHR – Electronic Health Record as defined by the Health Information Technology for Economic and Clinical Health Act (HITECH ACT)

EPIP: AHCCCS EHR Electronic Provider Incentive Payment System

FQHC/RHC – Federally Qualified Health Center/Rural Health Clinic

Hospital-Based - a professional furnishing ninety percent (90%) or more of their professional services in a hospital inpatient or Emergency Room setting (Place of Service Codes 21 and 23) and who is not eligible for a Medicaid HER Incentive Payment.

Medicaid Encounter for an Eligible Professional – services rendered to an individual on any one day where:

- Medicaid paid for part or all of the service; or
- Medicaid paid all or part of the individual’s premiums, copayments, and cost-sharing.

MU– Meaningful Use

Needy Individual - Needy Individuals are those receiving Medical Assistance from Medicaid (Title XIX) or CHIP (Title XXI), individuals who are furnished uncompensated care by the provider, or individuals furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

NPI – National Provider Identifier is a ten digit number unique to each health care provider.

ONC – Office of the National Coordinator for Health Information Technology

Pediatrician – Pediatricians are physicians who treat and diagnose illness and injuries in children under the AHCCCS Medicaid program. As such, pediatricians must be an AHCCCS Provider who meets the physician scope of practice rules, hold a Doctor of Medicine or Doctor of Osteopathy degree, and hold a current license and board certified in Pediatrics.

Practice predominantly - an Eligible Professional for whom the clinical location for over 50 percent of his or her patient encounters over a period of 6 months in the prior year occur at a Federally Qualified Health Center or a Rural Health Clinic.

REC– Regional Extension Center

TIN – Tax Identification Number